Mediation Request Form
( IMI Mediator Complaint Form )

Name of Appointed Mediator: ________________________________

Start Date of Mediation: ________________________________

End date of Mediation: ________________________________

Place of Mediation: ______________________________________

Nature of mediated matter: ________________________________

IMI Professional Conduct Assessment Process:
This complaint form is to be used during Step 2 of the process. 
(http://imimediation.org/professional-conduct-assessment-process).

Has Step 1 (Direct Discussion Step) been followed?

☐ Yes ☐ No

Start date of the Discussion Step: ________________________________

End date of the Discussion Step: ________________________________

Description of complaint:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

CONFIDENTIAL

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Name of person making complaint:

Phone: ______________________________________________________

Email: ______________________________________________________

Signature: __________________________________________________

Date: __________________________________________________________________