Lucy Katz Dialogue & Resolution Program
Request for Peer Mediation Services

Welcome to the Lucy Katz Dialogue & Resolution Program Peer Mediation Program. Please complete the following information and e-mail the form Kamala Kiem at kkiem@fairfield.edu. Someone from the Peer Mediation Program will contact you soon to set up a mediation session.

Today’s Date: ____________________________________________________________

Name: ____________________________________________________________________

Class Year: ____________________________________________________________________

Phone: ____________________________________________________________________

Campus Address: ____________________________________________________________________

E-mail: ____________________________________________________________________

What is the best way to contact you? ____________________________________________________________________

Circle/Underline: Full-time undergraduate | Part-time undergraduate | Graduate

School and Major: ____________________________________________________________________

Other Affiliation: ____________________________________________________________________

Other Party or Parties in the Conflict: ____________________________________________________________________

Name: ____________________________________________________________________
Address: ____________________________________________________________________
Phone: ____________________________________________________________________
E-mail: ____________________________________________________________________

Name: ____________________________________________________________________
Address: ____________________________________________________________________
Phone: ____________________________________________________________________
E-mail: ____________________________________________________________________

How did you learn about the Peer Mediation Program? ____________________________________________________________________
_________________________________________________________________________
Were you referred to the program, and if so, by whom? ______________________________________

Please briefly describe the situation you would like to mediate: ________________________________

Do/es the other party/ies agree to mediation? ________________________________________________

If you like, we can contact the other party/ies to tell him/her about this request and see if she/he will
agree to mediate. Do you want us to contact the other party? ________________________________

What are some times when you can be available for mediation? ________________________________

If you have any questions, please contact Kamala Kiem at conflictresolution@fairfield.edu or visit the
web site at www.fairfield.edu/mediation.