



PIEDMONT DISPUTE RESOLUTION CENTER

98 Alexandria Pike, Suite 53
Warrenton, Virginia 20186
(540) 347-6650

PDRC COMMUNITY MEDIATION REFERRAL FORM

This form is to be used by organizations and individuals wishing to refer a conflict to mediation services provided by PDRC. To make a referral, check with at least one of the participants to make sure they want the case to go to mediation. Please complete this form and Fax: (540) 347-4689 or email: pdrc@verizon.net to PDRC. If you have a general question, please call PDRC at 540-347-6650.

Referrer's Name: _____

Phone: _____

Organization/Agency: _____

Email: _____

Fax: _____

Request for follow-up on the status of mediation case? Yes ___ No ___

Today's Date: _____

Brief description of the conflict:



Participant #1:

Has this person agreed to try mediation? _____

Name: _____

Address: _____

Telephone: _____

Email: _____

Participant #2:

Has this person agreed to try mediation? _____

Name: _____

Address: _____

Telephone: _____

Email: _____

Other important information:
