

Referral to Mediation

For Office Use Only

Case Number: _____

Case Manager: _____

Mediation Date: _____

Referral Source: _____

Date: _____ Phone: _____

Police District: _____ 1st _____ 2nd _____ 3rd _____ 5th _____ CBD

Priority Board(circle one): DN FR IW SE SW NE NW

Party 1: _____

Address: _____ ZIP: _____

Home Phone: _____ Work Phone: _____

Party 2: _____

Address: _____ ZIP: _____

Home Phone: _____ Work Phone: _____

Type of Complaint (circle one):

A = Business Services

B = Juvenile Dispute

C = Landlord/Tenant

D = Noise/Behavior

E = Non-payment

F = Parking/Traffic

G = Pet Disputes

H = Property

I = Family / Elder

J = Employee

K = Other

Other: _____

Are drugs and/or alcohol involved? _____ Yes _____ No _____ Maybe

Are there threats of physical violence? _____ Yes _____ No _____ Maybe

Are there weapons involved? _____ Yes _____ No _____ Maybe

Other information: _____

Send/Fax/E-mail Referrals to: *The Dayton Mediation Center, 371 W. Second Street, 3rd floor,*
Dayton, OH, 45402 Fax #: 333-2366 Phone #: 333-2345
Cherise.hairston@daytonohio.gov