



City of Anderson
Department of Human Relations
120 East 8th Street
Anderson, Indiana 46016

COMMUNITY MEDIATION PROGRAM

DATE _____

SOURCE OF REFERRAL

1. Disputant's Name _____ Tel: _____
Address _____ City _____

Versus

2. Disputant's Name _____ Tel: _____
Address _____ City _____

Date dispute came to your attention _____

List other disputant's names, addresses and phone number

SUMMARY OF DISPUTE:

OTHER COMMENTS:

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Please check:

I am not alleging discrimination in the areas of employment, education, public accommodation or housing.

Disputant's Signature: _____

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Office Use

Investigator's Remarks:

Director's Remarks:

DATE RETURNED TO
SECRETARY: _____
