



STATE OF TENNESSEE  
DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES  
ANDREW JACKSON BUILDING, 15<sup>th</sup> FLOOR  
500 DEADERICK STREET  
NASHVILLE, TENNESSEE 37243

**REQUEST FOR MEDIATION**

Reference Number \_\_\_\_\_ Date of Request \_\_\_\_\_

Referring Party's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

DISPUTANTS	ADDRESS	AGENCY CONTACT	PHONE NUMBER

Have you tried to resolve this issue at the Regional level?  Yes  No

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have both parties agreed to participate in Mediation?  Yes  No