



## Human Relations Commission

### Date

This is a Date field. These are the instructions.

### Party One Contact Information

#### Contact Name

#### Contact Email

#### Contact Address

#### Contact Phone

#### Relationship to Party Two

#### What is your preferred language?

#### Do you need an interpreter?

☐ Yes

☐ No

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**Please describe the reason(s) you are requesting mediation. Please be specific and include as many details as possible**

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**If needed, please attach any documentation you have.**

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### Party Two Contact Information

#### Party Two Name

**Party Two Email****Party Two Address****Party Two Phone****Relationship to Party One**

You will be contacted by an HRC staff member to follow-up with any questions or to schedule mediation. If you do not hear back from an HRC staff member within two weeks after you have submitted your application, please call our office at (419) 245-1518. Thank you for using the City of Toledo's Mediation services presented by the Human Relations Commission. We look forward to assisting you and others in finding an acceptable resolution.