



ENTERPRISE MEDIATION OUTCOME FORM

Mediators should submit this form to the DPM Mediation Mailbox within three days of the completed mediation. Please do not put names on this form. If the mediation number has not been provided to you, please contact a coordinator.

Mediation Information	
Mediation Number	
Date Mediation Held	Location of Mediation
Mediator Name	Mediator Name

Mediation Outcome
<p>Was resolution reached by the parties?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please complete the following:</p> <p><input type="checkbox"/> Both parties wish to pursue additional mediation.</p> <p><input type="checkbox"/> One or both parties do not wish to pursue additional mediation.</p> <p><input type="checkbox"/> One or both parties are undecided whether they want to pursue further mediation.</p> <p>Have both parties been made aware that they would need to submit a new request for mediation should they want to pursue mediation in the future?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Please submit to DPM Mediation Mailbox at DOADPMBEIMediation@wisconsin.gov.