

COLLEGE PANHELLENIC MEDIATION SUMMARY REPORT

This form is to be completed by the mediator, and then given to the fraternity/sorority advisor for delivery as outlined in the Record of Delivery.

University/college: _____

Date of mediation: _____

Name of mediator: _____

Location of mediation: _____

Names and titles of all representatives present: _____

Outcome(s) of mediation and sanctions, if any, agreed to: _____

The signatures verify that mediation was held and outcomes were determined and agreed to.

Accused fraternity signee [print name]: _____

Accused fraternity signature: _____ Date: _____

Mediator [print name]: _____

Mediator signature: _____ Date: _____

RECORD OF DELIVERY

The accused fraternity receives the original of this report. The College Panhellenic keeps a copy of this completed report as part of the documentation. Copies of this report are given to the fraternity/sorority advisor and the NPC area advisor.

- Delivered to accused fraternity
 - Signature of chapter president or designee _____
 - Copy to fraternity/sorority advisor
 - Copy to NPC area advisor
- Date: _____