

AIR FORCE MEDIATOR CASE MANAGEMENT WORKSHEET

I. INFORMATION ABOUT THE PARTIES

Name of Complainant/Grievant: _____

Position and grade or rank: _____

Address: _____

Phone number: _____ Home phone (optional): _____

Fax number: _____ Duty Hours: _____

Email: _____

Name of Management Official: _____

Position and grade or rank: _____

Address: _____

Phone number: _____ Home Phone (optional): _____

Fax number: _____ Duty Hours: _____

Email: _____

Dates Complainant/Grievant Available: _____

Dates Management Official(s) Available: _____

What is the agreed-upon time and place for the mediation conference? _____
