

Form DCE-G6

DIVISION OF CONTINUING EDUCATION
MEDIATION DECLARATION

For the Board: _____

Year: _____

Board No.: _____

GRIEVANT: _____

COLLEGE: _____

DATE OF MEDIATION: _____

MEDIATOR: _____

This form is being completed by:

- ☐ Mediator
- ☐ College/Employer Representative
- ☐ Union/Grievant

RECOMMENDATION IN CONCLUSION: _____

Signature

Date

cc: Mediator
College/Employer
Union