

MEDIATION & DIVERSION SERVICES

COMMUNITY REQUEST

800 East Twiggs Street, Room 208, Tampa, FL 33602-4024
Phone (813) 272-5642 / Fax (813) 301-3705 E-Mail: mediation@fljud13.org

Date: _____

Complainant's Name: _____

Business Representative's Name: _____

Address: _____

Phone: C () _____ H () _____ B () _____

Email: _____

Respondent's Name: _____

Business Representative's Name: _____

Address: _____

Phone: C () _____ H () _____ B () _____

Email: _____

Additional Respondent's Name: _____

Business Representative's name: _____

Address: _____

Phone: C () _____ H () _____ B () _____

Email: _____

Brief Description of Complaint: _____

AMOUNT REQUESTED: \$ _____

If your mediation is unresolved or there is no response to the 10 day letter, are you agreeable to being contacted by other entities who may be able to provide you further assistance. YES _____ NO _____

Please fax, e-mail or mail this completed form to our office. The Respondent(s) will receive a letter requiring a response within 10 days to schedule a mediation appointment. You will receive a copy of this letter. At the end of the 10 day period, if there is no response, we will close our file and send you an outcome form. You will then need to pursue other remedies by filing a small claims, county court or circuit court action. You may also want to seek the advice of an attorney. If you have questions about an unresolved claim for unpaid wages you can contact Hillsborough County Consumer Protection at 813-903-3430.

If the Respondent calls to schedule, you will receive a notice of mediation conference in the mail.

If you resolve this matter prior to mediation, please call, e-mail or fax our office so we may adjust our records accordingly.