

**REQUEST FOR A COMMUNITY BASED MEDIATION**

Print this form, fill it out, and fax it to the Dispute Resolution Center's fax line: (713) 755-8885  
**OR:** Mail this form to the Dispute Resolution Center, 49 San Jacinto, #220, Houston, TX 77002

A DRC Case Manager will contact you by telephone to schedule your mediation session

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Age: \_\_\_\_\_

Name of person or company you are complaining about

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Age: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US?: \_\_\_\_\_

**Briefly** describe the type of dispute (example: auto repair, neighbor dispute, debt):

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**Briefly** describe how you would like it resolved:

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