

Today's
Date: _____



Ku'ikahi Mediation Center
Finding Solutions, Growing Peace

CONFIDENTIAL FACILITATION REQUEST

*YOUR INFORMATION IS COMPLETELY CONFIDENTIAL
AND WILL NOT BE RELEASED TO ANY OUTSIDE AGENCIES OR OTHER PARTIES.*

ORGANIZATION

Organization Name: _____

Organization Phone: _____ Email: _____

Mailing Address: _____ City/State/Zip: _____

PERSON FROM ORGANIZATION REQUESTING FACILITATION

Full Name: _____ Title: _____

Email: _____ Cell: _____ Work Phone: _____

The best way to reach me is by: Email Cell Text Work Phone

MEETING FACILITATION REQUEST

Proposed Date: _____ Proposed Start Time: _____ Anticipated Length: _____

Proposed Location: _____ Anticipated Number of Attendees: _____

Briefly describe the issue(s) you would like to discuss in the facilitated meeting: _____

What outcome(s) would you like to see as the result of the facilitated meeting? _____

REFERRAL SOURCE

How did you hear about our facilitation services? _____

CASE NOTES (for office use only):

INTAKE BY: _____ DATE: _____ PROPOSAL SENT: No Yes

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