

- This form is to be completed by the Mediator of a Non-Academic Misconduct Incident.
- This form and all notes taken at the mediation meeting must be submitted to the Office of Student Conduct within FIVE(5) working days of the conclusion of the mediation meeting.
- This form must be completed in ink.
- Please print

Incident # \_\_\_\_\_  
To be completed by the Office of Student Conduct

**SECTION A: (To be completed by the Student or Faculty Member)**

**INDIVIDUAL WHO WITNESSED INCIDENT:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initials: \_\_\_\_\_

ID Number: \_\_\_\_\_

**STUDENT:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initials: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

**MEDIATOR:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initials: \_\_\_\_\_

Date of Meeting \_\_\_\_\_ Location of Meeting \_\_\_\_\_  
(dd/mm/yyyy)

Brief description of Incident: *(Please attach separate sheet if insufficient space):*

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Proposed Resolution/Sanction *(please attach separate sheet if insufficient space):*

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Do both parties agree to the resolution proposed above?

- No If No, Incident Report and Mediation Report will be forwarded immediately to the Non-Academic Misconduct Review Board for further action.
- Yes If Yes, please provide date sanctions/recommendations to be completed by.

Date sanctions/recommendations to be completed: \_\_\_\_\_  
(dd/mm/yyyy)

Signature of the Mediator: \_\_\_\_\_ Date \_\_\_\_\_  
(dd/mm/yyyy)

Signature of the Student: \_\_\_\_\_ Date \_\_\_\_\_  
(dd/mm/yyyy)

Signature of the Individual who witnessed Incident: \_\_\_\_\_ Date \_\_\_\_\_  
(dd/mm/yyyy)

Note: Attach all additional note pages to this form and return to the Office of Student Conduct

**Freedom of Information and Protection of Privacy:** The information that you provide on this form is collected under the authority of the Colleges Act and the Freedom of Information and Protection of Privacy Act of the Province of Alberta. It will be used for identification purposes and to process the request outlined on this form. Your personal information is protected by Alberta's Freedom of Information and Protection of Privacy Act and can be reviewed on request. If you have any questions about the Collection or use of this information, contact the Office of the Registrar, A101, Kerby Hall, (403) 440-6346.