
Please provide names and contact information for any witnesses.

What remedy are you seeking?

Are you interested in participating in or learning more about the University's Voluntary Mediation Program?

Please check: Yes _____ No _____

Signature

Date

Please return this form to:

**Office of Equality and Diversity
Intercultural Center
33rd and Chestnut Street
Philadelphia, PA 19104
Fax Number: 215-895-1268
e-mail: mrovinsky@drexel.edu
Phone: (215) 895-1403**