**FORM M1**

**REQUEST FOR MEDIATION**

*Employment Dispute Resolution Act 2008*

In the Western Australian Industrial Relations Commission

Application No. of 20

**1. The person making the request**

**2. Description of employment dispute**

Provide a brief description. Attach schedule if necessary.

**3. Do you request the Commission to respond:**

|  |  |
| --- | --- |
|  | ✓ |
| Urgently? |  |
| Within 48 hours? |  |
| Within a week? |  |
| Other: |  |

**4. Do the persons involved consent to the Commission acting as a mediator?**

|  |  |
| --- | --- |
|  | ✓ |
| Yes |  |
| No |  |

**5. If no, do some of them consent to the Commission acting as a mediator?**

|  |  |
| --- | --- |
|  | ✓ |
| Yes |  |
| No |  |

**6. Name and contact details of the person involved in the employment dispute**

Complete the following details for each employer, employees, group of employers or group of employees, organisation of employees or organisation of employers in the matter, dispute or question being referred to the Commission.

**1**

|  |  |
| --- | --- |
| **Name** |  |
| **Contact person** |  |
| **Mailing address** |  |
| **Telephone number** |  |
| **Fax number** |  |
| **Email address** |  |

**2**

|  |  |
| --- | --- |
| Same as first person? |  |

|  |  |
| --- | --- |
| **Name** |  |
| **Contact person** |  |
| **Mailing address** |  |
| **Telephone number** |  |
| **Fax number** |  |
| **Email address** |  |

**3**

|  |  |
| --- | --- |
| Same as first person? |  |

|  |  |
| --- | --- |
| **Name** |  |
| **Contact person** |  |
| **Mailing address** |  |
| **Telephone number** |  |
| **Fax number** |  |
| **Email address** |  |

If more than three persons are involved, please attach a sheet identifying the relevant details in respect to each additional person.

**Name and contact details of the person lodging this form:**

|  |  |
| --- | --- |
| **Name** |  |
| **Contact person** |  |
| **Mailing address** |  |
| **Telephone number** |  |
| **Fax number** |  |
| **Email address** |  |

Signature:

Date:

|  |  |
| --- | --- |
| **After being filed, the person making the application should give a copy to the other persons involved.** | (Stamp of Commission) |