



RI Governor's Commission on Disabilities

RI GCD Form D7. Agency Mediation Report

Case Number		Date	
Complainant		Filed on	
Respondent Agency			
Agency Phone #		Email address	
Dates of meetings with respondent		List parties who participated in those meetings	
1			
2			
3			
4			
5			
<input checked="" type="checkbox"/> Agency requests Commission to:		<input type="checkbox"/> Appoint mediators	<input type="checkbox"/> Dismiss complaint
State reasons case should be dismissed			
(attach additional sheets if necessary)			
Date	Agency ADA Coordinator Name & Title	Signature	
<i>Emailed this form to disabilities@gcd.ri.gov if signed with an electronic signature or mail to the: RI Governor's Commission on Disabilities John O. Pastore Center, 41 Cherry Dale Court Cranston, RI 02920-3049 and keep a copy of the completed form for you records</i>			
<i>To be completed by the Governor's Commission on Disabilities</i>			
Case also on file with			
The enforcement agency listed above was been notified of the final disposition of mediation on (but if not settled no information regarding the discussions will be disclosed by the Commission)			
Governor's Commission on Disabilities' Action <input checked="" type="checkbox"/> (check one or more)			
Appoint mediators		Dismissed complaint (reasons stated below)	Date dismissed
(attach additional sheets if necessary)			