

OUTCOME REPORT

Organization(s) Involved in Dispute: _____ Matter No: _____
 _____ Third Party Neutral (print name)

The matter was assigned to GCRS on _____.
 The results of the neutral evaluation/mediation/facilitation sessions are set forth below:

Date	Session	Agreement
_____	Occurred _____ /Terminated _____	Yes ____ (Full ____ Partial ____)/No ____
_____	Occurred _____ /Terminated _____	Yes ____ (Full ____ Partial ____)/No ____
_____	Occurred _____ /Terminated _____	Yes ____ (Full ____ Partial ____)/No ____

The following participants attended the neutral evaluation/mediation/facilitation session(s):

_____ Participant	_____ Date	_____ Participant	_____ Date
_____ Participant	_____ Date	_____ Participant	_____ Date
_____ Participant	_____ Date	_____ Participant	_____ Date
_____ Participant	_____ Date	_____ Participant	_____ Date

Request(s) to reschedule the neutral evaluation/mediation/facilitation session(s):

Name of Requester _____ Date

Request Approved: ____ Yes ____ No

If an agreement was reached, all parties to the dispute received a copy of the agreement:
 ____ Yes ____ No

Third Party Neutral _____ Date Third Party Neutral _____ Date