STCCI | Sekondi-Takoradi Chamber of Commerce & Industry

Your Business Source | Your Business Partner | Your Business Voice

ADR

DISPUTE SUBMISSION FORM

Case Number……

Date Received ……

Name of Applicant……..…….....

Age……

Gender……..……..

Occupation…….

Company name……..

Contact Address (Office)……...

Residential Address……...

Email Address …….....

Tel/Mob……..

Fax …….

The person named above hereby requests the mediation services of the STCCI-ADR Center for Conflict Resolution with the following person(s)

Name of Respondent(s)……
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Age……

Gender……...

Occupation……....

Company name……..

Contact Address (Office)……...

Residential Address……...

Tel/Mob…….…….

Name of Respondent(s)……
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Age……

Gender……...

Occupation……....

Company name……..

Contact Address (Office)……...

Residential Address……...

Tel/Mob…….…….

Summary of Complain:

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Previous Remedies Sought:

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Action Taken:

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I have read the terms and conditions of the mediation and I agree to be bound by them.

Yes ☐ No ☐

Thumb print/Signature……..

Name…….