



## FEES MEDIATION COMMITTEE MEDIATION CONSENT FORM

- I hereby confirm that I/my company was advised of a request for mediation by (name of the Client requesting mediation):

\_\_\_\_\_

- I acknowledge that should the Fees Mediation Committee accept to conduct a mediation of my Client's complaint in respect of a fee charged for professional engineering services provided to them, the Committee will inform me of that decision and provide me with a Fees Mediation Agreement for my review and consideration.

Name: \_\_\_\_\_  
Family/Last Name(s) First Name(s)

Address: \_\_\_\_\_  
Street

City Province Postal Code

Contact Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of this Request

**This completed form should be submitted together with the Request for Mediation Form, completed by the Client of a licensee or of a Certificate of Authorization holder requesting mediation of their complaint.**

General Inquiries Regarding the Mediation Process:

Lana Tereshchenko  
Tribunal Administrative Officer  
Tel.: (416) 224-1100ext. 2269  
E-Mail: administrativestaff@peo.on.ca