



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: administrativestaffmc@peo.on.ca