

**Hawaii Agricultural Mediation Program
Mediation Report**

Name of Dispute _____

Agency Involved USDA FSA____ NRCS ____ RD ____

Other (please specify) _____

Date of Mediation _____ Location of Mediation _____

Mediator _____

Outcome:

 ___ Full Agreement Reached

 ___ Partial Agreement Reached

 ___ No Agreement Reached/Mediation Completed

Mediator's Signature _____ Date _____