

Housing Mediation Service

REFERRAL FORM (1a)

For official use only:

Ref no: _____

Agency Making Referral to Housing Mediation Service: _____

Agency Contact making Referral:

Name: _____

Phone Number: _____

Email Address: _____

Nature of Dispute: _____

How long has the dispute been ongoing? _____

Party 1 (person contacting to seek assistance)

Name: _____

Address of property to which dispute related:

Status: (please circle most appropriate)

Tenant / Registered Private landlord _____

Other (please specify) _____

Landlord Registration Number (if applicable) _____

Contact details:

Email: _____

Phone: _____

Postal address: _____

Mode of preferred contact: (please tick one)

Telephone:

Email:

Has Party 1 consented to this referral to Housing Mediation Service:

YES / NO



Funded by
Department for

Communities

www.communities-ni.gov.uk

Operated by

**Housing
Rights**

The Skainos Centre,
239 Newtownards Road
Belfast, BT4 1AF

Tel. +44 (0) 28 9024 5640

Fax. +44 (0) 28 9045 3009

 HousingRightsNI
 @HousingRightsNI

Web. www.housingrights.org.uk

Registered with the CCNI - NIC105735

Housing Mediation Service

Party 2

Name: _____

Status: (please circle most appropriate)

Tenant / Registered Private landlord _____

Other (please specify) _____

Landlord Registration Number (if applicable) _____

Contact details:

Email: _____

Phone: _____

Postal address: _____

Mode of preferred contact: (please tick one)

Telephone:

Email:

Has Party 2 consented to this referral to Housing Mediation Service:

YES / NO

Any other information: _____

FOR OFFICIAL USE ONLY:

Referral from _____

Date received _____

Eligibility met: Y / N

Additional information sought: _____

Signed: _____ MPM

Date of case assessment and determination: _____



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