Department of Veterans Affairs Mediation Request Form

National Mobility Equipment Dealer's Association
3327 W. Bearss Avenue, Tampa, FL 33618
Phone: 813-264-2697 Fax: 813-962-8970

All mediation requests must be in writing!

Instructions: Please fill out the sections of this form that relate to your specific mediation request. Section I needs to be filled in completely. Section II should be filled out if you are making an inquiry about past due invoice(s) that have submitted to the Veterans Affairs office in your area. Be sure to include all the invoice information requested on the form or the form will be returned to you for completion. If you are requesting a policy clarification, please state clearly what policy you are referring to and what your question is regarding that policy. If you do not know the name of the specific policy, write a complete detailed description of the situation for which you are requesting clarification. The "Other" section is for comments or complaints that to not relate to policy or payment (i.e. unfair treatment, misconduct, problems arising from a change in personnel, etc.). All requests will be reviewed and moved to the VA Mediation committee at NMEDA's discretion.

Please mark the appropriate box for which you are filling a VA Mediation Request:

- [X] Section I: Member information
- [ ] Section II: Policy Clarification
- [ ] Section III: Other
- [ ] Section IV: Past Due payment request (Must be at least 60 days past due)

Section I:

Your Name: _____ Date: _____
(Please print)

Your Company Name: _____

Address: _____

City: _____ State: _____ Zip _____

Telephone Numbers: Work: _____ Cell: _____
(Optional)

Email Address: _____

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Your Name: _____

Section II: Policy Clarification

Please fill out the section below. If you do not know the name of the policy you wish to discuss, simply describe the situation in your own words in as much detail as possible. If you require additional room please attach a separate sheet(s) of paper to this form

Policy/situation:

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What question(s) do you need answered? (Please be specific)

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Your Name: _____

Section III: Other

If your situation does not include a standing policy situation or a past due invoice claim, please use this form. Please describe the situation, state your question(s), and state your expected outcome(s). If you require additional room for your explanation, please attach a separate sheet of paper to this form.

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