

**New Hampshire 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 \_\_\_\_\_