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| **ANNEX C**  **REPORTS ON MEDIATION/ CONCILIATION CONDUCTED** |
| For \_\_\_\_\_\_\_\_ Semester 20\_\_\_\_\_ |

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| Name of CSF Cooperative: |
| Address: |
| Registration No: |
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| **Ref./s No.** | **NATURE OF CONTROVERSIES/ ISSUES MEDIATED/ CONCILIATED** | **PARTIES INVOLVED** | | **NAME OF MEDIATOR/ CONCILIATOR** | **RESULTS/ AGREEMENT** | **REMARKS** |
| **NAME OF COMPLAINANT/s or REQUESTING PARTY** | **NAME OF RESPONDENT/s or RESPONDING PARTY** |
|  |  |  |  |  |  |  |

Prepared & Submitted by: Noted by:

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Chairperson Chairperson

Mediation & Conciliation Committee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CSF Cooperative