



Dispute Resolution Request

Date of Request:

Name:	
Title:	
Department:	
Immediate Supervisor:	
Phone: work:	Alternate Number:
Email:	

Request for Formal Resolution:

Please outline the concern(s), which resulted in your decision to initiate this process. Provide specific examples with potential witnesses, dates, and events that explain your concern(s), including other avenues management has pursued to resolve these issues. Please include the impact it has on the work environment.

(Attach additional pages if more space is necessary.)

What specific remedies would help resolve this issue?

Employee's Signature: _____ Date: _____

To be completed by Human Resources

Received Date: _____

Dispute Resolution Form

Appeal to the Divisional Vice President or Designee:

Please state the basis of your appeal from the response provided by your immediate supervisor.
Please include a copy of the response provided by your immediate supervisor.
(Attach additional pages if more space is necessary.)

What specific remedies would help resolve this issue?

Employee's Signature: _____ Date: _____

To be completed by Human Resources

Received Date: _____

Dispute Resolution Form

Appeal to the Associate Vice President of Human Resources or Designee:

Please state the basis of your appeal from the response provided by your divisional vice president or designee. Please include a copy of the response provided by your divisional vice president or designee.

(Attach additional pages if more space is necessary)

What specific remedies would help resolve this issue?

Employee's Signature: _____ Date: _____

To be completed by Human Resources

Received Date: _____