

EMPLOYEE CONFLICT RESOLUTION FORM

This form is meant to serve as an optional way to allow employees to help informally resolve conflicts that don't rise to the level of discrimination, sexual harassment, or contract grievances. Those types of complaints have specific procedures, mandated by law, and you should contact the Human Resources office for assistance.

Name: _____ Date: _____

Position: _____ Immediate Supervisor: _____

Please outline the concern(s), which resulted in your decision to initiate this process. Specific examples / dates detailing your concern(s) are encouraged. Ensure to include the impact it has on the work environment. Feel free to attach additional pages if more space is necessary.

What specific remedies would help resolve this issue?

Employee's Signature: _____ Date: _____

Upon completion, submit to Human Resources. The form will then be forwarded through your chain of command. Within 15 working days the supervisor /administrator will respond to you in writing and will ask you to indicate if the issue has been resolved to your satisfaction (simply circle "Yes" or "No" below).

Date received in Human Resources _____	Received by _____	
Date submitted to Immediate Supervisor _____	Received by _____	Resolved: Yes No
Date submitted to area Administrator _____	Received by _____	Resolved: Yes No
Date submitted to area Vice President _____	Received by _____	Resolved: Yes No
Date submitted to President/Superintendent _____	Received by _____	Resolved: Yes No