



DISPUTE RESOLUTION REQUEST

- ◆ You are required by County Policy to discuss your dispute with your supervisor within five (5) days of the occurrence of circumstances giving rise to the dispute, or five (5) days from when you should have reasonably known of the occurrence, or you forfeit the right to file a dispute.
- ◆ If no satisfactory resolution is received within one (1) day, you have three (3) working days to file this form.
- ◆ Employer shall indicate time received and give copy to Employee immediately
- ◆ Employer shall keep original and give copy to Employee with response within five (5) working days
- ◆ The same process shall be used at each successive step

SUPERVISOR: _____ Date Discussed with Supervisor: _____

EMPLOYEE (S): _____

Date of Incident: _____

Policy you feel was violated (attach copy) _____

Brief explanation of dispute: _____

Remedy requested: _____

I hereby declare that all statements herein are to the best of my knowledge true and accurate and hereby request that this dispute be handled through the County Alternate Dispute Resolution Procedure.

Employee's Signature _____ Date: _____

ACTION STEP	Date	Received By:	Response:	Date of Response:
INCIDENT				
STEP: <u>Verbal Discussion with Supervisor</u>				
STEP 1: Submit form PER 017 to Department Head/Representative				
STEP 2: Contact Human Resources Director/representative to arrange meeting				
STEP 3: Contact County Administrator/representative to arrange meeting.				