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## Dispute Resolution Request

Date of Request:

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

### Request for Formal Resolution:

5 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 d

**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.)

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What specific remedies would help resolve this issue?

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Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**To be completed by Human Resources**

Received Date: \_\_\_\_\_

