

EMPLOYEE CONFLICT RESOLUTION FORM

This form is meant to serve as a way to resolve conflicts that don't rise to the level of discrimination, sexual harassment, and/or a violation of policy or regulation. Those types of complaints have specific procedures, mandated by law, and you should follow the procedure outlined in the Agreement.

Name _____ **Date** _____

Position _____ **Immediate Supervisor** _____

1. 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.

2. What specific remedies would help resolve this issue?

Employee Signature: _____

Date: _____