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**INTERNAL DISPUTE RESOLUTION REQUEST FORM**

Employee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ myWSU ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Dispute:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reports To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dispute Resolution Step:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nature of Dispute and the date of occurrence. *Provide specific names, dates, times, and locations of persons involved in the incident. Please describe fully, as succinctly as possible, your concern. Attach additional documentation if needed.*

Informal Conflict Resolution. *Provide the informal efforts that have been made to resolve the concern. Include location of meetings and individuals involved. Attach additional documentation if needed.*

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| --- | --- |
| Date: | Description: |
| Date: | Description: |
| Date: | Description: |

Desired Outcome. *State the desired outcome you are seeking from this Internal Dispute Resolution Request.*

Step I: Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Step II: Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Step III: Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*This form is submitted for review in *Step I: Review*. If the employee has a desire to utilize additional steps in the Internal Dispute Resolution process, the employee re-submits the form and information to HR or EO by the appropriate deadlines. HR or EO will provide the information to the individual responsible for review of the Dispute in each step of the process.

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| **Office Use Only** |
| Internal Dispute Resolution Request Form Received by HR or EO |
| HR/EO Representative: | Date: |
| Step 1:  | Date: |
| Step 2:  | Date: |
| Step 3:  | Date: |