

INTERNAL DISPUTE RESOLUTION REQUEST FORM

Employee Name: _____ myWSU ID: _____
Telephone: _____ Date of Dispute: _____
Position: _____ Reports To: _____
Department: _____ Dispute Resolution Step: I _____

1. 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.*

2. 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. The Form must be dated and filed within ten (10) University business days from the latest documented attempt at resolution, not to exceed twenty (20) University business days from the date of the original event leading up to the Dispute Resolution Request.*

Date: Description:

Date: Description:

Date: Description

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

4. Additional information (*if needed*)

Step I: Employee Signature: _____ Date: _____

****This form is submitted for review in *Step I: Review and second time for Step II: Appeal*. If the employee has a desire to utilize Step II in the Internal Dispute Resolution process, the employee re-submits the form, filling out information under *Step II: Appeal* to HRBP by the appropriate deadlines. HRBP will provide this form and information from Step I to the individual responsible for review of the Dispute in each step of the process.**

Office Use Only

Internal Dispute Resolution Request Form Received by

Step I: HRBP: _____ Date: _____

Step I: Senior Leadership: _____ Date: _____

INTERNAL DISPUTE RESOLUTION REQUEST FORM

Employee Name: _____ myWSU ID: _____
Telephone: _____ Date of Dispute: _____
Position: _____ Reports To: _____
Department: _____ Dispute Resolution Step: II _____

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 including your concern with response from Step I: Review. Attach additional documentation if needed. This section of the form must be filed within ten (10) University business days from the date of the decision from Step I: Review.*

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

Step II: Employee Signature: _____ Date: _____

****This form is submitted for review in *Step I: Review* and second time for *Step II: Appeal*. If the employee has a desire to utilize Step II in the Internal Dispute Resolution process, the employee re-submits the form, filling out information under *Step II: Appeal* to HRBP by the appropriate deadlines. HRBP will provide this form and information from Step I to the individual responsible for review of the Dispute in each step of the process.**

Step II HRBP: _____ Date: _____

Step II Executive Director HR: _____ Date: _____