



Carbon-Monroe-Pike MH/DS
ALTERNATIVE DISPUTE RESOLUTION
 Communication Form

I. Dispute

Appellant's Full Name:	Employee ID#	Job Title/Position Sought:
Department: <input type="checkbox"/> Check this box if you are an applicant seeking employment with Carbon-Monroe-Pike MH/DS and are appealing non-selection. NOTE: Applicant requests for appeal must be submitted to Human Resources within fifteen (15) business days.		
Home Address:	Work Telephone No. () - ext. Home E-mail Address:	Home Telephone No. () - ext. Home E-mail Address:
Date Incident Occurred:		Witnesses:
The issues are (use attachments if necessary):		
The facts supporting this are (use attachments if necessary):		
The relief I want is (use attachments if necessary):		
Date:	Applicant's Signature:	
Requests for ADR must be presented to the immediate supervisor within fifteen (15) business days. If the dispute alleges discrimination or retaliation by the immediate supervisor, the ADR request may be submitted directly at the second step. The <u>ALTERNATIVE DISPUTE RESOLUTION Procedures</u> contain complete instructions.		
<input type="checkbox"/> Pursuant to Section II-B of the ALTERNATIVE DISPUTE RESOLUTION Procedure, I hereby waive my right to proceed through ADR Steps One through Four and opt instead to proceed directly to panel review described in the fifth step (Sec. III-F). NOTE: Requests for direct appeal to the fifth step must accompany this form in writing and be presented to Human Resources within fifteen (15) business days.		

II. First Step

Date Received:		
Response (use attachments if necessary):		
Date:	First Step Respondent's Signature:	Telephone No.: () - ext.
Date Received: _____		
Appellant's response (check one): <input type="checkbox"/> I accept the step one response and am returning the ADR Request to the Human Resources Office. <input type="checkbox"/> I advance my ADR request to the second step. <input type="checkbox"/> I opt to waive steps two through four and advance my ADR Request directly to the fifth step.		
Appellant's reasons for further appeal (use attachments if necessary):		
Date:	Appellant's Signature:	
NOTE: The appellant is responsible for having the ADR Request delivered to the proper person or office.		

III. Second Step

Date Received: _____		
Response (use attachments if necessary): 		
Date:	Second Step Respondent's Signature:	Telephone No.: () - ext.
Date Received: _____		
Appellant's response (check one):		
<input type="checkbox"/> I accept the step two response and am returning the ADR Request to the Human Resources Office. <input type="checkbox"/> I advance my ADR request to the third step. <input type="checkbox"/> I opt to waive steps three and four and advance my ADR Request directly to the fifth step.		
Appellant's reasons for further appeal (use attachments if necessary): 		
Date:	Appellant's Signature:	
NOTE: The appellant is responsible for having the ADR Request delivered to the proper person or office.		

IV. Third Step

Date Received: _____		
Response (use attachments if necessary): 		
Date:	First Step Respondent's Signature:	Telephone No.: () - ext.
Date Received: _____		
Appellant's response (check one):		
<input type="checkbox"/> I accept the step three response and am returning the ADR Request to the Human Resources Office. <input type="checkbox"/> I advance my ADR request to the fourth step. <input type="checkbox"/> I opt to waive step four and advance my ADR Request directly to the fifth step.		
Appellant's reasons for further appeal (use attachments if necessary): 		
Date:	Appellant's Signature:	
NOTE: The appellant is responsible for having the ADR Request delivered to the proper person or office.		

V. Fourth Step

Timeliness and Procedural Steps Followed?			
<input type="checkbox"/> Yes (Proceed to Board of Commissioners) <input type="checkbox"/> No (Appeal deemed moot)			
Reasons (use attachments if necessary): 			
Date:	Executive Director/Administrator Signature:		
Board of Commissioners Review:	Suggested Remedy (use attachments if necessary)		
<input type="checkbox"/> Relief Granted <input type="checkbox"/> Relief Denied <input type="checkbox"/> Remedy Suggested			
Date:	Signature:	Signature:	Signature:
Date Received: _____			
Appellant's response (check one):			
<input type="checkbox"/> I accept the step four response and am returning the ADR request to the Human Resources Office. <input type="checkbox"/> I advance my ADR request to the fifth step.			
Appellant's reasons for further appeal (Use attachments if necessary): 			
Date:	Appellant's Signature:		