



## Conflict Resolution Request Form

**Part 1: Conflict Documentation.** This form is to be used if an employee wishes to request conflict resolution concerning the application of the Conference's policies and procedures to his or her employment situation. **To be completed by the employee.**

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Job Title: \_\_\_\_\_ Location: \_\_\_\_\_

Nature of Conflict: (Describe the nature of the problem and attach supporting information that is relevant if necessary.)

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Resolution Sought:

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**Part 2: Employee Signature Required**

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**Part 3: Submit form to supervisor or Human Resources for reply/investigation.**