

County of Cumberland  
Alternative Dispute Resolution Form  
Communication Form

## I. Dispute

Employee's/Applicant's Full Name:		Employee's ID#:
Job Title:		Department:
Home Address:	Work Telephone No. (      ) -      ext. Work E-mail Address:	Home Telephone No. (      ) - Home E-mail Address:
Date Incident Occurred:	Witnesses:	
The issues are (use attachment if necessary):		
The facts supporting this are (use attachment if necessary):		
The relief I want is (use attachment if necessary):		
Date:	Employee's Signature:	
<i>Requests for ADR must be presented to the immediate supervisor within ten (10) 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 ALTERNATIVE DISPUTE RESOLUTION Procedures contain complete instructions. (Applicant's making a dispute should proceed to the third step)</i>		

## II. First Step

Date Received:		
Response (use attachment if necessary):		
Date:	First Step Respondent's Signature:	Telephone No. (      ) -      ext.
Date Received: _____		
Employee'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		
Employee's reasons for further appeal (use attachments if necessary):		
Date:	Employee's Signature:	
<i>Note: The employee is responsible for having the ADR request delivered to the proper person or office within ten (10) business days.</i>		

### III. Second Step

Date Received:

Response (use attachment if necessary):

Date:	Second Step Respondent's Signature:	Telephone No. (      ) -      ext.
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Date Received: \_\_\_\_\_

Employee's Response (check one):

- I accept the step two response and am returning the ADR request to the Human Resources Office
- I advance my ADR request to the third step

Employee's reasons for further appeal (use attachments if necessary):

Date:	Employee's Signature:
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*Note: The employee is responsible for having the ADR request delivered to the proper person or office within ten (10) business days.*

### IV. Third Step

Date Received:

Response (use attachment if necessary):

Date:	Third Step Respondent's Signature:	Telephone No. (      ) -      ext.
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Date Received: \_\_\_\_\_

Employee's Response (check one):

- I accept the step three response and am returning the ADR request to the Human Resources Office
- I advance my ADR request to the fourth step

Employee's reasons for further appeal (use attachments if necessary):

Date:	Employee's Signature:
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*Note: The employee is responsible for having the ADR request delivered to the proper person or office within ten (10) business days.*

### V. Fourth Step

Timeliness and Procedural Steps followed?

- Yes (Proceed to Board of Commissioners)
- No (appeal deemed moot)

Reasons (use attachment if necessary):

Date:	County Chief Clerk (or designee) Signature:
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Board of Commissioners Review: Suggested Remedy (use attachments if necessary):

- Relief Granted
- Relief Denied
- Remedy Suggested

Date:	Signature	Signature	Signature
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Date Received: \_\_\_\_\_

Employee's Response (check one):

- I accept the step four response and am returning the ADR request to the Human Resources Office
- I advance my ADR request to the fifth step

Employee's reasons for further appeal (use attachments if necessary):

Date:	Employee's Signature:
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