

Conflict Resolution Form

Please complete this form to help management assist resolve conflicts that are not considered harassment or discrimination. These complaints have specific procedures and should be discussed directly with HR or your manager. For nonharassment/discrimination concerns, please answer these questions to help us resolve the issue.

Name

Date

Position/Department

Detail the issue or concern that resulted in your decision to initiate the process

How does it affect you professionally or personally?

Have you discussed the issue with the coworker(s) involved?

What was their response, if any?

What specific remedies do you think could help resolve this issue?

Employee's Signature