



**2. EMPLOYEE'S PROPOSED RESOLUTION OF THE ABOVE-DESCRIBED COMPLAINT:** (What action(s) do you feel the Company should take in response to the above-described complaint?)

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\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
DATE PROVIDED

**3. SECTION C, STEP 1 - SUPERVISOR'S RESPONSE:** (*See* page 4 of Dispute Resolution Policy; write "N/A" if complaint initiated at Step 2. Additional pages may be attached if necessary)

DATE FORM PROVIDED TO SUPERVISOR: \_\_\_\_\_

DATE RESPONSE PROVIDED TO EMPLOYEE: \_\_\_\_\_

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\_\_\_\_\_  
SUPERVISOR'S NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE

**4. SECTION C, STEP 2 - SUPERVISOR'S SUPERVISOR'S RESPONSE:** (See pages 4-5 of Dispute Resolution Policy. Additional pages may be attached if necessary)

DATE FORM PROVIDED TO SUPERVISOR'S SUPERVISOR: \_\_\_\_\_

DATE RESPONSE PROVIDED TO EMPLOYEE: \_\_\_\_\_

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\_\_\_\_\_  
SUPERVISOR'S SUPERVISOR'S NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SUPERVISOR'S SUPERVISOR'S SIGNATURE

**5. SECTION C, STEP 3 – COMMITTEE OF HUMAN RESOURCES RESPONSE:**  
(See page 5 of Dispute Resolution Policy. Additional pages may be attached if necessary)

DATE FORM PROVIDED TO COMMITTEE: \_\_\_\_\_

DATE RESPONSE PROVIDED TO EMPLOYEE: \_\_\_\_\_

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\_\_\_\_\_  
DATE

\_\_\_\_\_  
COMMITTEE OF HUMAN RESOURCES

