



County of Adams
ALTERNATIVE DISPUTE RESOLUTION
Communication Form

I. Dispute

Employee's Full Name:		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 attachments if necessary):			
The facts supporting this are (use attachments if necessary):			
The relief I want is (use attachments if necessary):			
Date:	Employee's Signature:		
Requests for ADR must be presented to the immediate supervisor within five (5) 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.			

II. First Step

Date Received:		
Response (use attachments 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	
Note: The employee is responsible for having the ADR request delivered to the proper person or office within five business days.		

III. Second Step

Date Received: _____		Date of Meeting: _____
Response (use attachments if necessary): 		
Date: _____	Second Step Respondent's Signature: _____	Telephone No. () ext. _____
Date Received: _____		
Employee'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		
Employee's reasons for further appeal (use attachments if necessary): 		
Date: _____	Employee's Signature _____	
Note: The employee is responsible for having the ADR request delivered to the proper person or office within five business days.		

IV. Third Step

Date Received: _____		Date of Meeting: _____
Response (use attachments if necessary): 		
Date: _____	Third Step Respondent's Signature: _____	Telephone No. () ext. _____
Date Received: _____		
Employee'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		
Employee's reasons for further appeal (use attachments if necessary): 		
Date: _____	Employee's Signature _____	
Note: The employee is responsible for having the ADR request delivered to the proper person or office within five business days.		

V. Fourth Step

Timeliness and Procedural Steps Follow: <input type="checkbox"/> Yes (Proceed to Board of Commissioners) <input type="checkbox"/> No (Appeal deemed moot)			
Response (use attachments if necessary): 			
Date: _____	County Manager (or designee) Signature: _____		
Board of Commissioners Review: <input type="checkbox"/> Relief Granted <input type="checkbox"/> Relief Denied <input type="checkbox"/> Remedy Suggested	Suggested Remedy (use attachments if necessary): 		
Date: _____	Signature: _____	Signature: _____	Signature: _____
Date Received: _____			
Employee'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			
Employee's reasons for further appeal (use attachments if necessary): 			
Date: _____	Employee's Signature: _____		
Note: The employee is responsible for having the ADR request delivered to the proper person or office within five business days.			

VI. Fifth Step

Date Received:		Date of Meeting:	
Response (use attachments if necessary):			
Date:	ADR Panel Member 1 Signature:	ADR Panel Member 2 Signature:	ADR Panel Member 3 Signature:
Date Received: _____			
The decisions of the ADR Panel are final and are not subject to review or modification by the County Commissioners or County Staff. As such there is no legal opportunity for appeal in the civil court system.			
Date:	Employee's Signature		