



County of Adams
ALTERNATIVE DISPUTE RESOLUTION
Communication Form

Employee's (or Applicant'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 (or Applicant'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 POLICY</u> contains complete instructions.			

First Step – Immediate Supervisor

Date Received:		Date of Meeting:	
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"/> Advance my ADR request to the second step			
Employee's reasons for further appeal (use attachments if necessary):			
Date:		Employee's (or Applicant's) Signature	

Second Step – Department Head

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 one response and am returning the ADR request to the Human Resources Office					
<input type="checkbox"/> Advance my ADR request to the third step					
Employee's reasons for further appeal (use attachments if necessary):					
Date:		Employee's (or Applicant's) Signature			

Third Step – Human Resources

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 one response and am returning the ADR request to the Human Resources Office					
<input type="checkbox"/> Advance my ADR request to the fourth step					
Employee's reasons for further appeal (use attachments if necessary):					
Date:		Employee's (or Applicant's) Signature			

**Fourth Step
County Manager and the Board of Commissioners**

Date Received:	Date of Meeting:	
Response (use attachments if necessary):		
Date:	Fourth 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"/> Advance my ADR request to the fifth step		
Employee's reasons for further appeal (use attachments if necessary):		
Date:	Employee's (or Applicant's) Signature	

**Fifth Step
Hearing and Review by Neutral Arbitrator**

Date Received:	Date of Meeting:	
Response (use attachments if necessary):		
Date:	Fifth Step Respondent's Signature:	Telephone No. () ext.