



**Fair Treatment Process (FTP)
Dispute Resolution Form**

Date: _____

Employee Name: _____ Facility: _____

Job Title: _____ Department: _____

Date of Hire: _____ Date in Current Position: _____

Supervisor: _____

STEP 1 – Internal Review (to be submitted to Human Resources Department):

1. Please describe below with as much detail as possible the dispute or problem that you would like help to resolve (attach additional sheets and relevant documentation if necessary):

2. How would you like to see this dispute or problem resolved? Please state succinctly the desired resolution:

Response to STEP 1 Internal Review (attach additional sheets if necessary):

Responder

Date

STEP 2 – Final and Binding Arbitration (to be submitted to Human Resources Department):

_____ I **Do** wish to appeal this grievance to Step 2.

_____ I **Do not** wish to appeal this grievance to Step 2.

Employee

Date

Response to STEP 2 Final and Binding Arbitration (attach additional sheets if necessary):

Responder

Date