

## Wright State University Request for Dispute Resolution Form

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|--|------------------------------|---|
| <b>Employee Information:</b>   |                              |   |
| Name:  | Title:                       | Classification:   |
| Employee Address:  |                              |   |
| Email:   | Phone:                       | Department:   |
| Date of Incident:  | Immediate Supervisor's Name: |   |
| <p><b>Statement of Dispute:</b> Provide a statement of facts that explain the work-related complaint. Be specific i.e., give dates, who was involved, what happened, why you believe it happened and how the action violates your employee rights or Wright Way Policy and Procedures? (Provide any additional documentation pertinent to the dispute). The Request for Dispute Resolution Form must be received by the Supervisor within <b>10-days</b> of alleged violation.</p> |                              |   |
| Remedy or Resolution Requested:  |                              |   |
| I attest that my statements are true and factual.  |                              | Date:   |
| Employee Signature:  |                              |   |
| <b>Step 1 – Immediate Supervisor's Response</b> (Attach additional pages if needed.)   |                              |   |
|  |                              |   |
| Supervisor/Designee's Signature:   |                              | Date:   |
| <input type="checkbox"/> Resolution Accepted <input type="checkbox"/> Dispute Unresolved   |                              | (If unresolved, move to Step 2 within <b>5-workdays</b> of receipt from Supervisor.) Provide this form to the Next Level of Management. |
| Employee Signature:  |                              | Date:   |

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| <b>Step 2 – Next Level Management Response</b> (Attach additional pages if needed.)      |  |
|  |  |
| Next Level of Management/Designee's Signature:   | Date:  |
| <input type="checkbox"/> Resolution Accepted <input type="checkbox"/> Dispute Unresolved | (If unresolved, move to Step 3 within <b>5-workdays</b> of receipt from Next Level of Management.) Provide this form to the Provost. |
| Employee Signature:  | Date:  |
| <b>Step 3 - Provost Response</b> (Final step in the Formal Dispute Resolution Process.)  |  |
|  |  |
| Provost/Designee's Signature:  | Date:  |