County of Adams

ALTERNATIVE DISPUTE RESOLUTION

Communication Form

I. Initialize Dispute

Employee Name:

Job Title:

Department:

Home Address:

Work Telephone: Home Telephone:

Work Email: Home Email:

Date Incident Occurred:

Witnesses:

The Issues are (use attachment if necessary):

Facts supporting this are (attachment if necessary):

The relief I want is (attachment 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 ALTERNATIVE DISPUTE RESOLUTION Procedures contain complete instructions.

II. First Step- Immediate Supervisor

Date Received:

Response (use attachments if necessary):

Date: First Step Respondent's Signature:

Telephone:

Date Received:

Employee's Response (check one):

- ◯ I accept the step one response and am returning the ADR request to the Human Resources Office
- ◯ I advance my ADR request to the second step

Employee's reason for further appeal (attachment 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- Department Administrator

Date Received: Date of Meeting:

Response (use attachments if necessary):

Date: Second Step Respondents' Signature:

Telephone:

Date Received:

Employee's Response (check one):

- ◯ I accept step two response and am returning the ADR request to the Human Resources Office
- ◯ I advance my ADR request to the third step

Employee's reason for further appeal (use attachment 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- Human Resources Director or Deputy Director

Date Received: Date of Meeting:

Response (attachments if necessary):

Date: Third Step Respondents' Signature:

Telephone:

Date Received:

Employee's Response (check one):

- ◯ I accept step three response and am returning the ADR request to the Human Resources Office
- ◯ I advance my ADR request to the fourth step

Employee's reason for further appeal (attachment 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- County Administrator and Board of Commissioners/County Solicitor

Timeliness and Procedural Steps Follow:

- ◯ Yes, proceed to the County Administrator and Board of Commissioners
- ◯ No, Appeal deemed moot

Response (use attachments if necessary):

Date: County Administrator (or designee) Signature:

Board of Commissioners and County Manager Review:

◯ Relief Granted ◯ Relief Denied ◯ Remedy Suggested

Suggested Remedy (use attachments if necessary):

Date: Signature:

Signature:

Signature:

Date Received:

Employee's Response (check one):

- ◯ I accept step four response and am returning the ADR request to the Human Resources Office
- ◯ I advance my ADR request to the fifth step

Employee's reason for further appeal (use attachment if necessary)

Date: Employee's signature

Note: If the employee is choosing to go to the Fifth Step the employee is responsible for sending the completed form to the Director of Human Resources within 5 days of the completion of the Fourth Step.

VI. Fifth Step- neutral arbitrator

Date Received: Date of Meeting:

Response:

Date: Neutral Arbitrator's 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 Signature: