



County of Adams  
**ALTERNATIVE DISPUTE RESOLUTION**  
Communication Form

|  |  |  |   |
|--|--|--|---|
| Employee's (or Applicant's) Full Name:   |  | Job Title:   |   |
| Department:  |  |  |   |
| Home Address:  |  | Work Telephone No.<br>( ) Ext.<br>Work E-mail Address: | Home Telephone No.<br>( )<br>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.<br>(    )                      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.<br>(    )                      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.<br>(    )                      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.<br>(    )                      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.<br>(    )                      ext. |