

# CONFLICT RESOLUTION PROGRAM



To address your concern/issue properly, please complete this form. You may attach additional sheets, if necessary. Please print legibly. *There will be no retaliation for participating in this process.*

Please note: This process is not intended to replace any of the existing procedures that are currently in place for reporting issues of employee misconduct or contractual grievance.

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Department: \_\_\_\_\_

Name of the individual(s) who you wish to resolve conflict with:

\_\_\_\_\_

Best way to contact you: \_\_\_\_\_

Have you tried resolving the issue with your manager/supervisor? (Provide dates and times, if possible.)

Yes

No

Please explain:

Is the issue related to allegations of unlawful discrimination, harassment, or retaliation? (Have you discussed your concern with a manager within or outside your department, a department head, the Human Resources Director, the County Civil Rights Officer, California Department of Fair Employment and Housing (DFEH), or federal Equal Employment Opportunity Commission (EEOC)? If so, what was the outcome?)

Yes

No

Please explain:

**Is the issue related to Performance Management?** (Have you spoken with your Supervisor, Manager, department head, or Human Resources Manager? If so, what was the outcome?)

- Yes
- No

**Please explain:**

**Is the issue related to the terms and conditions of employment under a Memorandum of Understanding (MOU)?** (Have you spoken with your union representative? Do you know if your issue/concern has been addressed with the County's Labor Relations team? If so, what was the outcome?)

- Yes
- No

**Please explain:**

**Is the issue related to the County's Personnel Policies and Practices Resolution (PPPR) or any other policy?** (Have you spoken with Human Resources? If so, what was the outcome?)

- Yes
- No

**Please explain:**

**Is the issue related to a Request for Reasonable Accommodation due to a disability?** (Have you spoken with your Department's Reasonable Accommodation Coordinator? If so, what was the outcome?)

- Yes
- No

**Please explain:**

1. Please explain the conflict by providing specific examples/dates detailing your concern(s)/where it happened/how long has it been occurring. Make sure to include the impact you believe it has on the work environment. Attach additional pages, if necessary.

2. What do you believe will help resolve this issue?

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*\*To Be Filled Out By Conflict Resolution Program Staff\*\*\***

**What Took Place to Help Resolve:**

**Resolution:**

**Date of Resolution:**

**Next Steps:**

*I hereby acknowledge that I am satisfied with the resolution.*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date received by Conflict Resolution Program \_\_\_\_\_ Received by: \_\_\_\_\_

Date presented to CR Committee: \_\_\_\_\_

Date referred for Investigation: \_\_\_\_\_ Received by: \_\_\_\_\_