



# INTERNAL DISPUTE RESOLUTION REQUEST FORM

Employee Name: \_\_\_\_\_ myWSU ID: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Date of Dispute: \_\_\_\_\_  
 Position: \_\_\_\_\_ Reports To: \_\_\_\_\_  
 Department: \_\_\_\_\_ Dispute Resolution Step: I \_\_\_\_\_

1. Nature of Dispute and the date of occurrence. Provide specific names, dates, times, and locations of persons involved in the incident. Please describe fully, as succinctly as possible, your concern. Attach additional documentation if needed.

2. Informal Conflict Resolution. Provide the informal efforts that have been made to resolve the concern. Include location of meetings and individuals involved. Attach additional documentation if needed. The Form must be dated and signed by the employee.



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