



# Conflict Resolution

The Conflict Resolution form is to be completed by the employee and submitted to employee's immediate manager. For additional information on the Blaine County Conflict Resolution policy, see Employee/Manager Handbook section 2.7.3.

Name:		Date:
Job Title:	Department:	
Immediate Manager:		Date of Occurrence:
<b>EMPLOYEE:</b>		
Please outline the concern(s) which resulted in your decision to initiate this process. Specific examples/dates detailing your concern(s) are encouraged, including the impact it has on the work environment. (Attach additional pages as necessary.)		
Identify and describe specific remedies that would help resolve this issue.		
<b>MANAGER:</b>		
Please include any comments/actions regarding this issue.		

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

Date \_\_\_\_\_

Manager Signature \_\_\_\_\_

Date \_\_\_\_\_