Effective June 1, 2013	**County of Lancaster** **Alternative Dispute Resolution Form**

The County of Lancaster has established and implemented policies and procedures to guide our employees and applicants regarding standards and expectations. Further, the County of Lancaster is dedicated to adhering to its policies and procedures when executing personnel actions.

The County of Lancaster encourages open and honest communication between employees or applicants and direct supervisors. Most conflicts and differences can typically be resolved by the employee or applicant and supervisor and/or department head directly confronting issues and jointly exploring resolution options. In cases where conflicts cannot be mutually resolved, the County of Lancaster has established an Alternative Dispute Resolution (ADR) procedure for use by employee's coverd by the Merit System Policy and Procedure (i.e., Children and Youth Services, Lancaster County Behavioral Health and Developmental Services, The Office of Aging, Drug and Alcohol and selected positions in the Emergency Management Department). NOTE: Employees covered under a Collective Bargaining Agreement may choose to use their grievance procedure or the ADR procedure, but may not use both.

Step Number:_____

Department:_____ Position:_____

Name:_____

Address:_____

City, State, Zip:_____

Phone Number:_____ e-mail:_____

Date(s), Time(s), Location of Incident or Occurrence:

Date
Ocurred:_____Time:_____

Location:_____Today's Date:_____

Supervisor's Name:_____

Statement of Complaint: (Attach additional page(s) if needed)

Outcome Desired:

Effective June 1, 2013	**County of Lancaster** **Alternative Dispute Resolution Reply Form**

Employee/Applicant Signature:_____

Received By:_____

Step Number:_____

Employee/Applicant:_____ Title:_____

Department:_____

Reply:

Name of Person Replying (Print):_____ Signature:_____

Title:_____ Date:_____

Employee/Applicant Answer:

___ I am satisfied with the answer to my complaint.

___ I am not satisfied with the answer to my complaint and desire to have it referred to the next step.

Comments:

Employee/Applicant Signature:_____ Date:_____

Received by:_____ Date:_____