



Employee Dispute Resolution Procedure

INTAKE FORM

City of Milwaukee (R. 06/20)

DER File # _____

INSTRUCTIONS:

Under the Employee Dispute Resolution Procedure, every reasonable effort should be made by employees and supervisors or personnel officers to resolve issues or concerns before submitting a dispute form. If discussions with the supervisor or personnel officer do not resolve the issue, an employee may file a dispute form within five (5) working days of receiving the Department's decision that it will not be able to resolve the dispute. Please complete all required information and give one copy to the supervisor or personnel officer. Send one copy to the Department of Employee Relations, Room 706, City Hall. The Labor Negotiator or his/her designee will act as the independent reviewer of the dispute.

Employee Name:		Telephone #:
Job Title:		Email:
Department:		
1. What is the issue or concern about which you have a dispute? <i>Please provide the pertinent facts related to this issue including the date of the incident or the date you became aware of the concern, the location, and individuals involved.</i>		
2. Have you discussed this concern with your personnel officer and/or supervisor? <i>Please provide name, title, date of discussion.</i>		
3. What was the outcome of your discussion with your personnel officer and/or supervisor?		
4. Is there a department policy, work rule, law, ordinance, or other term or condition of employment that is relevant to the issue or concern? <i>If so, please identify the source and provide copies of relevant information.</i>		
5. What outcome do you believe will resolve the issue or concern?		
Form completed by:		

**Employee
Signature:**

Date: