



Date: _____

EMPLOYEE DISPUTE RESOLUTION REFERRAL FORM

Prospective Participant No. 1

Name: _____

Title: _____ Supervisor: _____

Work Location: _____

Telephone No.: _____ Email: _____

Prospective Participant No. 2

Name: _____

Title: _____ Supervisor: _____

Work Location: _____

Telephone No.: _____ Email: _____

Summary of Dispute

Efforts to Resolve Dispute

Name and Title of Referring Party

Signature of Referring Party

Submit Completed Form to: Amana Simmons, Esq., 14201 School Lane, Rm. 210, Upper Marlboro, MD 20772
Email: amana.simmons@pgcps.org Telephone No: 301.952.6315