



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**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Efforts to Resolve Dispute**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name and Title of Referring Party

\_\_\_\_\_  
Signature of Referring Party

**Submit Completed Form via email to:** Equity Assurance Office, 14201 School Lane, Rm. 201F, Upper Marlboro, MD 20772 Email: [equity@pgcps.org](mailto:equity@pgcps.org) Telephone No: 301-952-6156, Fax No: 301-952-6056