

(To be completed by Employee and submitted to supervisor or supervisor's supervisor)
(Copy to be placed in Employee's arbitration file)

EMPLOYEE NAME:	WORKSITE AND POSITION HELD:
IMMEDIATE SUPERVISOR(S):	DATE OF DISPUTED ACTION:

1. NATURE OF COMPLAINT: (Please provide *specific information* regarding the actions or inactions made the basis of your complaint; the names of any and all persons involved; and the date(s), time(s) and location(s) of any events described. Attach additional pages or supporting documentation if necessary.)

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

2. EMPLOYEE'S PROPOSED RESOLUTION OF THE ABOVE-DESCRIBED COMPLAINT: (What action(s) do you feel the Company should take in response to the above-described complaint?)

EMPLOYEE'S SIGNATURE

DATE PROVIDED

3. SECTION C, STEP 1 - SUPERVISOR'S RESPONSE: (*See* page 4 of Dispute Resolution Policy; write "N/A" if complaint initiated at Step 2. Additional pages may be attached if necessary)

DATE FORM PROVIDED TO SUPERVISOR: _____

DATE RESPONSE PROVIDED TO EMPLOYEE: _____

SUPERVISOR'S NAME

DATE

SUPERVISOR'S SIGNATURE

4. SECTION C, STEP 2 - SUPERVISOR'S SUPERVISOR'S RESPONSE: *(See pages 4-5 of Dispute Resolution Policy. Additional pages may be attached if necessary)*

DATE FORM PROVIDED TO SUPERVISOR'S SUPERVISOR: _____

DATE RESPONSE PROVIDED TO EMPLOYEE: _____

SUPERVISOR'S SUPERVISOR'S NAME

DATE

SUPERVISOR'S SUPERVISOR'S SIGNATURE

5. SECTION C, STEP 3 - CHIEF OPERATING OFFICER'S RESPONSE: *(See page 5 of Dispute Resolution Policy. Additional pages may be attached if necessary)*

DATE FORM PROVIDED TO CHIEF OPERATING OFFICER: _____

DATE RESPONSE PROVIDED TO EMPLOYEE: _____

CHIEF OPERATING OFFICER'S SIGNATURE

DATE

6. NATURE OF COMPLAINT RESOLUTION, IF ANY: (Please provide *.specific information* regarding the terms upon which the parties Sieve agreed to resolve the matter described on this Form, including any agreement to release the other party from any and all claims. Attach additional pages or supporting documentation it necessary.)

EMPLOYEE'S SIGNATURE

DATE EXECUTED

TMC REPRESENTATIVE'S SIGNATURE

DATE EXECUTED

TMC
REQUEST FOR ARBITRATION

(To be submitted by complaining party to Human Resources Director. See Section C, Step 4, pages 5-7 of Dispute Resolution Policy for additional information)

EMPLOYEE NAME:	WORKSITE AND POSITION HELD:
IMMEDIATE SUPERVISOR(S):	DATE OF DISPUTED ACTION:

Check the Appropriate Boxes:

- ☐ **I hereby invoke the Arbitration Phase of the Dispute Resolution Policy.**

I understand that, except as otherwise provided in the Dispute Resolution Policy, this Request for Arbitration must be received by the Human Resources Director not later than fourteen (14) calendar days after the date of the Chief Operating Officer's decision (see Step 4). I further understand that if this Request for Arbitration is not timely submitted, I will waive my right to invoke the Arbitration Phase of the Dispute Resolution Policy.

DATE OF CHIEF OPERATING OFFICER'S DECISION: _____

DATE REQUEST FOR ARBITRATION SUBMITTED: _____

- ☐ **I enclose payment in the amount of \$125 to begin the Arbitration Phase of the Dispute Resolution Policy.**

[illegible]

DATE _____

(To be prepared by the party requesting arbitration and submitted to the Human Resources Director, or an attorney designated by TMC, within fourteen (14) calendar days of the date of submitting the Request for Arbitration. See Section G, Rule I, page 8 of Dispute resolution Policy for additional information)

EMPLOYEE NAME:	WORKSITE AND POSITION HELD:
IMMEDIATE SUPERVISOR(S):	DATE OF DISPUTED ACTION:

- 1. NATURE OF COMPLAINT:** (Please provide *specific information* regarding the actions or inactions made the basis of your complaint; the names of any and all persons involved; and the date(s), time(s) and location(s) of any events described. Attach additional pages or supporting documentation if necessary.)

[illegible]

2. **RELIEF REQUESTED:** (What solution or remedy do you request in response to the above-described complaint?)

3. ATTORNEY INFORMATION: (If you will be represented by an attorney during the Arbitration Phase, please provide the following information. You are not required to be represented by an attorney. *(See Section E of the Dispute Resolution Policy)*)

NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

COMPLAINING PARTY'S SIGNATURE
(If TMC, signature of CEO)

DATE

TMC
Dispute Resolution Policy Training
Region _____
Date _____

By signing in the space provided below, I acknowledge that:

1. I received a copy of the Dispute Resolution Policy (the "Policy") before the date of this Training;
2. I attended Dispute Resolution Policy Training on the date indicated above and was given the opportunity to ask questions regarding the Policy;
3. By continuing my employment with TMC, Inc. after April 1, 2008, I have agreed to be bound by the Policy.

EMPLOYEE NAME	EMPLOYEE SIGNATURE
1.	1.
2.	2.
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