



Canyon County
CONFLICT RESOLUTION FORM

Employee Name _____ Department _____

Date of Conflict _____ Location _____

Description of specific grounds of the conflict: _____

Date conflict informally discussed with supervisor: _____ Supervisor Name _____

List reason(s) why informal discussion with immediate supervisor did not remedy conflict:

List specific action requested to remedy conflict:

Employee's Signature

Date

Level II – (submitted to Department Administrator or Elected Official.)

Date written conflict formally discussed with supervisor: _____ Supervisor Name _____

List reason(s) why formal discussion with immediate supervisor did not remedy conflict:

List specific action requested to remedy conflict:

Employee's Signature

Date

Submit copy of completed Level I & Level II form to Human Resources Department.

See the Canyon County Handbook, Section 10.04, for the Full Policy.