



**Alternative Dispute Resolution Intake Form**

Name of Employee \_\_\_\_\_ Department \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

(can we leave a message at these numbers? Y/N)

Email Address \_\_\_\_\_

Work Title \_\_\_\_\_

How long have you been at your current position? \_\_\_\_\_ How long at U.Va? \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Supervisor's Job Title \_\_\_\_\_

Reason for seeking Alternative Dispute Resolution

Date of Incident \_\_\_\_\_

List any other departments you are currently working with regarding your situation.

Employee ID \_\_\_\_\_

Disability \_\_\_\_\_

Ethnicity \_\_\_\_\_

Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_

**HRCS Use ONLY:**

Date Received \_\_\_\_\_

Referred by \_\_\_\_\_

Case Number \_\_\_\_\_

Initial Contact \_\_\_\_\_

Appointment Date and Time \_\_\_\_\_

Grievance Resolved? \_\_\_\_\_

Assigned to \_\_\_\_\_

Date File Closed \_\_\_\_\_