**Employee Dispute Resolution Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Company Name:** |  | | |
| **Address:** |  | | |
| **Phone:** |  | **Email:** |  |
| **Form No:** |  | **Date of Submission:** |  |

**Section 1: Employee Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** |  | | |
| **Employee ID / Code:** |  | **Department / Team:** |  |
| **Job Title:** |  | **Contact Number:** |  |
| **Email Address:** |  | | |

**Section 2: Dispute Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Dispute:** | ☐ Workplace Conflict ☐ Managerial Decision ☐ Compensation / Salary ☐ Harassment / Discrimination ☐ Other: \_\_\_\_\_\_\_\_\_\_\_ | | |
| **Date of Incident / Issue:** |  | **Location / Department of Incident:** |  |
| **People Involved:** |  |  |  |
| **Description of the Issue / Dispute:** | *(Provide details including events, dates, and witnesses if any)* | | |

**Section 3: Resolution Requested**

**Desired Outcome / Resolution:**

|  |
| --- |
|  |
|  |

**Section 4: Supporting Documents**

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Emails / Letters | ☐ Reports | ☐ Witness Statements | ☐ Other: |

*(Attach copies of supporting documents if available)*

**Section 5: Employee Declaration**

I hereby declare that the information provided above is accurate and complete to the best of my knowledge.

**Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 6: HR / Management Review**

|  |  |  |  |
| --- | --- | --- | --- |
| **Received by (Name & Designation):** |  | | |
| **Date Received:** |  |  |  |

**Action Taken / Investigation Notes:**

|  |
| --- |
|  |
|  |

**Resolution Decision:**

|  |  |  |
| --- | --- | --- |
| ☐ Resolved | ☐ Partially Resolved | ☐ Not Resolved |

**Remarks:**

|  |
| --- |
|  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **HR / Manager Signature:** |  | **Date:** |  |

This form provide