

**MINNESOTA COUNCIL FOR HIV/AIDS CARE AND PREVENTION
Grievance and Dispute Resolution Form**

The undersigned party(ies) submit(s) the following dispute for resolution under the grievance procedures of the Minnesota Council for HIV/AIDS Care and Prevention.

Procedure designated by receiving authority:

- Informal resolution
- Mediation
- Binding arbitration (can be used with consent of all parties or after non-binding approaches have been tried and issues have not been resolved)

Determination/Decision Grievied: (should include date questioned decision was taken and by what entity)

Specific Grievance: (in what way did the decision(s) violate the established process or standards)

State of previous action taken (if mediation or arbitration is sought, indicate results of previous attempts at resolution)

Statement of what result the grievant would like (the remedy sought by the grievant; use back of form if necessary) *Note that remedies may be limited to future action and the grievance process may not be able to reverse decisions retroactively.*

If the procedure to be used is binding arbitration, signatures constitute agreement to be bound by the decisions of the arbitrator.

Name of grievant

Name of responding party

If grievant is an organization, name of authorized individual

If responding party is an organization, name of responsible individual

Address

Address

City/state/zip code

City/state/zip code

Telephone number

Telephone number

Fax number

Fax number

Signature

Signature

Please file 5 copies of this form with the **Minnesota Council for HIV/AIDS Care and Prevention, 525 Portland Avenue MCL963, Minneapolis, MN 55415**. A check in the amount of \$25.00 is required to initiate mediation or other non-binding approach, and \$100.00 is required to initiate arbitration, and should be attached with this form.