



FAIR TREATMENT REQUEST

Employee Name:	Date:
Department:	Date of Hire:
Describe the incident/occurrence including the date it occurred:	
What action was taken to remedy the situation?	
Describe the remedy requested:	
Employee Signature:	Date:
Human Resources:	Date:
Human Resources Use Only:	
<input type="checkbox"/> Step 1	Date Req'd: _____ Date Completed: _____
<input type="checkbox"/> Step 2	Date Req'd: _____ Date Completed: _____
<input type="checkbox"/> Step 3	Date Req'd: _____ Date Completed: _____
<input type="checkbox"/> Step 4	Date Req'd: _____ Date Completed: _____
<input type="checkbox"/> Step 5	Date Req'd: _____ Date Completed: _____
Panel Membership:	