

**APPENDIX C – 1
DISPUTE REFERRAL FORM
(Revised October, 2001)**

EMPLOYER/INSTITUTION: _____
CONTACT PERSON: _____
ADDRESS: _____ _____
Telephone: _____ Fax: _____ e-mail: _____

UNION: _____
CONTACT PERSON: _____
ADDRESS: _____ _____
Telephone: _____ Fax: _____ e-mail: _____

ARTICLE(S) OF THE COMMON AGREEMENT IN DISPUTE: _____

COPY OF THIS REFERRAL GIVEN TO LOCAL PARTIES? YES NO Date: _____

STATEMENT OF ISSUE(S) IN DISPUTE: _____

SIGNATURE: _____ TITLE: _____

LOCAL PARTIES' REQUESTING JADRC ATTEMPT AT PRE-HEARING RESOLUTION:

YES NO DATE REQUESTED: _____

FOR JADRC USE ONLY	
Date Received: _____	Date Circulated: _____
Joint Statement Received: _____	
Union Statement Received: _____	Employer Statement Received: _____
File Number Assigned: _____	
Referred to Arbitrator: _____	Date: _____
To be heard at the JADRC meeting scheduled for: _____	