



TUCSON UNIFIED SCHOOL DISTRICT

ADMINISTRATION-STAFF CONFLICT RESOLUTION DOCUMENT  
*(Use Additional Pages If Necessary)*

Date:

Staff Member's Name:

Administrator:

School/Department:

What is the nature of the conflict? *(Be specific)*

What do you request as a remedy? *(Be specific)*

\_\_\_\_\_  
Signature Of Staff Member

Date Received By Administrator:

Administrator's Response *(within ten (10) working days of receipt)*

\_\_\_\_\_  
Signature Of Administrator

\_\_\_\_\_  
Date

**NOTE:** *If Administrator's response is not satisfactory, a copy of this form plus a cover letter should be sent to the next level administrator within ten (10) days of receipt.*

**EXHIBIT "A" TO BOARD POLICY GBDA**