



Respondent's Problem Solving Response Form

Date:

To:

Address:

From:

Name

College Title

Office Phone Number

(name of employee) has requested a meeting to discuss the attached alleged problem (see attached copy of Notification of Problem Form 2534/001) and has identified you as a respondent. The employee has requested I serve as the employee's Mediator in accordance with the College's Faculty Grievance Procedures. I am the employee's (check one):

☐

Immediate Supervisor

☐

Intermediate Supervisor

☐

Vice Chancellor for Academic Affairs

To provide me with your response to these allegations, complete the following and bring it with you to the meeting on (date) at which time we will discuss the problem.

Additional pages and/or documentation may be attached, if needed.

***** **To Be Completed by Respondent** *****

Your Response to the Employee's Identification of the Problem:

Your Response to the Employee's Definition of College Policy and Procedures that were allegedly violated or applied in an inequitable or discriminatory fashion:

Your Response to the Employee's Representation of the Facts:

Respondent's Signature

Date

(Copy of Form 2534/001 must be attached.)

Form 2534/002 (10/26)