

**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**