

**PROBLEM RESOLUTION**

**COUNTY OF PULASKI, INDIANA**

*AN EQUAL OPPORTUNITY EMPLOYER*

*Employee Name:*

*Dated:*

\_\_\_\_\_

\_\_\_\_\_

*Department:*

\_\_\_\_\_

*Please explain in detail your complaint and what part, if any, of the policy book do you contend has been violated:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Employee's Signature:*

\_\_\_\_\_

*CC: County Attorney*

\*\*\*\*\*

**Problem Resolution with County Attorney**  
**(Step 2 of Problem Resolution)**

*Dated:* \_\_\_\_\_

*Was the complaint resolved satisfactorily with resolution with the County Attorney?*

Yes \_\_\_ No \_\_\_

If the complaint was not resolved satisfactorily, do you desire to have an executive session with the Pulaski County Commissioners? Yes \_\_\_ No \_\_\_

Employee's Signature:

\_\_\_\_\_

\*\*\*\*\*

**Executive Session with Pulaski County Commissioners**  
**(Step 3 of Problem Resolution)**

Date Held: \_\_\_\_\_

Decision Made:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vote: \_\_\_\_\_

Pulaski County Commissioner President Signature:

\_\_\_\_\_