

# PROBLEM RESOLUTION

## COUNTY OF PULASKI, INDIANA

AN EQUAL OPPORTUNITY EMPLOYER

Employee Name:

Dated:

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Department:

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

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Please indicate when you discussed the issue with your department head/elected official and the conclusion of the discussion: Discussion date: \_\_\_\_\_

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Employee's Signature:

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CC: County Attorney

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**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:*

\_\_\_\_\_

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

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

*Decision Made:*

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

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

*Pulaski County Commissioner President Signature:*

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