Date: Click or tap to enter a date.

Type of Dispute:  Contract  Labor (Union)  Employment (Nonunion)  Other: Click or tap here to enter text.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Filing Party** | |  | **Responding Party** | |  |
| Name: | Click or tap here to enter text. | | Name: | Click or tap here to enter text. | | |
| Contact: | Click or tap here to enter text. | | Contact: | Click or tap here to enter text. | | |
| Address: | Click or tap here to enter text. | | Address: | Click or tap here to enter text. | | |
|  | Click or tap here to enter text. | |  | Click or tap here to enter text. | | |
| Phone: | Click or tap here to enter text. | | Phone: | Click or tap here to enter text. | | |
| Email: | Click or tap here to enter text. | | Email: | Click or tap here to enter text. | | |
| Member AGC: | Yes  No  Union | | Member AGC: | Yes  No  Union | | |

|  |  |
| --- | --- |
| **Project Name and location:** | Click or tap here to enter text. |
| **Act or Omission aggrieved**: | Click or tap here to enter text. |
| **Provision/article of contract at issue**: | Click or tap here to enter text. |
| **Is copy of contract attached?** | Yes  No |
| **ADR Requesting:** | Choose option |
| **Basis for using AGC Dispute Resolution Process:** | Choose option |

|  |  |  |  |
| --- | --- | --- | --- |
| **Facts describing complaint (what happened)**:  Click or tap here to enter text. | | | |
| **Remedy requested**:  Click or tap here to enter text. | | | |
| **Other relevant information**:  Click or tap here to enter text. | | | |
| **Other contact information:** | Click or tap here to enter text. | | Click or tap here to enter text. |
|  | Click or tap here to enter text. | | Click or tap here to enter text. |
| Has filing fee been paid or is attached to this form? | | | Yes  No  AGC Member | | |
| Has the other Party(ies) been copied on this form? | | | Yes  No | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Title: |  |
| Signed: |  |  |  |
| Phone:  E-Mail: |  | | |
| Organization: |  | | |

Please **attach a copy of any relevant documents including the contract and send this form to**:

AGC-MN

Attn: Dispute Resolution Process

525 Park Street Ste #110

St Paul MN 55103-2186

or

Email: [mschechter@agcmn.org](mailto:mschechter@agcmn.org)