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