

**PCCLD PROBLEM-SOLVING PROCEDURE**  
**Request for Review Or Appeal**

**Employee:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date Problem/Action Occurred:** \_\_\_\_\_

Note: Initial requests for review must be submitted within 10 calendar days of the incident or action prompting the request. Requests for Appeal must be received within 7 calendar days of the date the Review & Decision is issued

**STATEMENT OF THE PROBLEM** – What is the problem or concern to be addressed?

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**BACKGROUND** – Provide a complete summary of the circumstances leading to the problem or concern. Include date(s), location, others present, etc. Attach copies of relevant policies, documents, or other supporting information. List the names of any individuals you believe may be helpful to fully investigate the matter, if applicable. Describe any prior action(s) you have taken to try to resolve the matter.

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**PREFERRED RESOLUTION** – In your opinion, how might this problem or concern be resolved?

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**Submitted By:**

**Received By:**

\_\_\_\_\_  
Employee's Signature                      Date

\_\_\_\_\_  
Supervisor's Signature                      Date

Tracking Number Assigned  
By Human Resources:

\_\_\_\_\_  
Human Resources                      Date

ORIGINAL: To PCCLD Leadership Member for Review and Response   -   SIGNED COPY to Human Resources