

**New Jersey Department of Labor & Workforce Development
Office of Research and Information
Center for Occupational Employment Information
Conflict Resolution Questionnaire**

Email: trainingEvaluationUnit@dol.nj.gov

**Mail: New Jersey Department of Labor & Workforce Development
Office of Research and Information-Center for Occupational Employment Information
Attn: Conflicts PO Box 057
Trenton, New Jersey 08625-0057**

Please use this form to record all information about your concern(s) . A Department Specialist will be assigned to examine the situation and will, if necessary, contact you for additional information. The result(s) of the investigation will be communicated to you in writing. You should be aware that in order to properly evaluate your grievance and assess your records, your name and information contained on this form **must** be revealed to the entity at some point during our review. Complete, sign and return this form **within 14 days**. Should you fail to do so, this matter will be considered resolved.

If your inquiry is regarding student loans, while your concerns may warrant further investigation, please note that they are separate and apart from your legal obligation to repay your loan. If you need additional information or clarification regarding the status of your loan, please contact the lending institution directly.

Please print or type all information.

1. Name		
2. Street Address		Apartment Number
E-mail address:		
City	State	Zip Code
3. Telephone Number (include area code)		Evening
4. Last four digits of Social Security Number (of Student) (if no SSN, Alien Registration or A number)	5. Date of Birth (of Student)	6. Date(s) of Alleged Incident(s) if applicable
7. Name of the entity involved:		
8. Address and telephone number of the entity:		
9. Did you attempt to utilize the entity's published grievance procedures? <input type="checkbox"/> Yes If yes, how did you do this? <input type="checkbox"/> No If no, why not?		
10. How did you hear of the entity? <input type="checkbox"/> One-Stop Career Center <input type="checkbox"/> Other _____		

11. If the concern(s) involve a school, check the box which describes your current status:

Student Employee of School Other _____

12. Names and titles of the person(s) at the entity you have contacted regarding this grievance:

