



PROBLEM-SOLVING PROCEDURE FORM

Name: _____

Department: _____

Supervisor: _____

Date problem arose: _____

To Be Completed by Employee (Step one)

Nature of Problem (within five (5) days):

Information Employee would like to have reviewed, e.g., documents, individuals to interview:

Resolution Requested by Employee:

Signature of Employee

Dated: _____

To Be Completed by General Manager

Steps taken by General Manager to Investigate the Problem and Findings (Step Two):

Signature of General Manager

Dated: _____

**If the problem involves the General Manager, this step may be skipped.*

To Be Completed by Human Resources

Review and Recommendations by Human Resources (Step Three):

Signature of Human Resources Manager

Dated: _____

**If the problem involves Human Resources, this step may be skipped.*

To Be Completed by President

President's Full Review (Step Four): FINAL DECISION

Signature of President

Dated: _____