

# New Jersey Department of Labor and Workforce Development 7 YbhYf 'Zcf 'CWW dUjcbU'9a d'cna Ybh-bZcfa Ujcb Conflict Resolution Questionnaire

Mail Completed Form To:

**New Jersey Department of Labor & Workforce Development  
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 Mr. Mrs. Ms. (please circle)		
2. Street Address		Apartment Number
E-mail address:		
City	State	Zip Code
3. Telephone Number (include area code)	Day	Evening
4. Last four digits of Social Security Number (of Student) (if no SSN, Alien Reg. #)	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: <input type="checkbox"/> Student <input type="checkbox"/> Employee of School <input type="checkbox"/> Other _____		
12. Names and titles of the person(s) at the entity you have contacted regarding this grievance:		

13. Method of contact(s): <input type="checkbox"/> Meeting <input type="checkbox"/> Letter <input type="checkbox"/> Phone <input type="checkbox"/> Other _____	
Date of initial contact: _____	
14. Outcome of contact: _____	
15. If a student: Are you still at this institution? <input type="checkbox"/> Yes, Expected Graduation Date _____ <input type="checkbox"/> No	
If no, please check box which applies: <input type="checkbox"/> Graduated <input type="checkbox"/> Terminated <input type="checkbox"/> Withdrew <input type="checkbox"/> Other	
Last Date Attended: _____	
If employee of school, please check the box which applies:	
<input type="checkbox"/> Current employee <input type="checkbox"/> Former employee	
Hire Date: _____ Resignation/Termination Date: _____	
16. Name of program:	17. Date program began:
18. Total Cost of program:	19. Number of program hours:
20. Are you in default of a loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount owed: \$ _____ Year(s)? _____
21. Have you paid any money directly to the school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount paid to school: \$ _____
22. Was a student loan obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of loan: _____
23. If referred through a One-Stop Career Center or other local agency, please name the source of funding, counselor's name and office:	Amount paid to school: \$ _____
24. What result would satisfy you?     	
25. Please provide a brief explanation of your concern. Attach additional pages if necessary and <b>copies of all relevant documents</b> , including but not limited to a <b>signed enrollment, financial agreement(s)</b> and <b>any communications that you feel justify your concern(s)</b> .	

I hereby acknowledge that by signing this form, I am giving the Departments of Education and Labor and Workforce Development authority to review and secure any and all of my student records in order to appropriately review and resolve your concern(s).



\_\_\_\_\_  
Signature - Required

\_\_\_\_\_  
Date