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)	Day	Evening		
Last four digits of Social Security	5. Date of Birth (of Student)	6. Date(s) of Alleged Incident(s) if		
Number (of Student)		applicable		
(if no SSN, Alien Registration or A				
number)				
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?				
☐ Yes If yes, how did you do this? ☐ No If no, why not?				
10. How did you hear of the entity? ☐ One-Stop Career Center ☐ 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:		

13. Method of contact(s): ☐ Meeting ☐ Letter ☐ Phone ☐ C	Other		
•			
Date of initial contact: 14. Outcome of contact:			
15. If a student: Are you still at this institution? ☐ Yes, Expected G	Graduation Date		
If no, please check box which applies: ☐ Graduated ☐ Termi Last Date Attended:	nated □ Withdrew □ Other		
If employee of school, please check the box which applies:			
☐ Current employee ☐ 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? ☐ Yes ☐ No	Amount owed: \$ Year(s)?		
21. Have you paid any money directly to the school? ☐ Yes ☐ No	Amount paid to school: \$		
22. Was a student loan obtained? ☐ Yes ☐ 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 copies of all relevant documents, including but not limited to a signed enrollment, financial agreement(s) and any communications that you feel justify your concern(s).			
I hereby acknowledge that by signing this form, I am giving the Depart Workforce Development authority to review and secure any and all of review and resolve your concern(s).			
Signature - Required	Date		
Conflict Resolution Questionnaire.doc			