

Chamber of Commerce and
Industry of Canton of Neuchâtel
Department of Workplace
Conflict Management
Rue de la Serre 4
P.O. Box 2012
2001 Neuchâtel

REQUEST FOR WORKPLACE CONFLICT MANAGEMENT

1. Applicant's contact details:

Last name, First name:	.....
Company/Name of the employer:	.....
Position:	.....
Address, Zip code, City*:	.....
Phone number / Fax*:	.....
Email*:	.....

**contact details where the applicant can be contact directly*

2. If appropriate, contact details of the other party or parties concerned: (they will only be contacted with the applicant's consent)

Last name, First name:	.....
Position:	.....
Address, Zip code, City*:	.....
Phone number / Fax*:	.....
Email*:	.....

** contact details where the party can be contact directly*

Last name, First name:	.....
Position:	.....
Address, Zip code, City*:	.....
Phone number / Fax*:	.....
Email*:	.....

** contact details where the party can be contact directly*

In case of additional parties, please indicate their contact details on a separate page.

3. If appropriate, contact details of a representative (lawyer, agent, etc.):

Company:	.....
Last name, First name:	.....
Representing:	.....
Address, Zip code, City:	.....
Phone number / Fax:	.....
Email:	.....

In case of additional representatives, please indicate their contact details on a separate page.

4. Short description of the conflict circumstances (optional):

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5. Has/Have the other party/ies been informed of this procedure?

yes no

6. What specific personal qualities/skills are you seeking in a confidential adviser/mediator? (language, gender, etc.):

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7. The procedure is conducted in (insert desired language).

8. Additional comments:

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Date _____

Date _____

Signature of the applicant

Signature of the other party/ies in the
case of a joint request

Information:

The fees for the procedure involving a confidential adviser/mediator, limited to three hours per session, are borne by the employer.

This request may also be made to the Canton of Neuchâtel Chamber of Commerce and Industry by:

- Phone: + (41) (0)32 727 24 27
- Fax: + (41) (0)32 727 24 28
- Email: conflits@cnci.ch