

Chamber of Commerce and
Industry of Canton of Vaud
Department of Workplace
Conflict Management
Avenue d'Ouchy 47
P.O. Box 315
1001 LAUSANNE

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*:	.....
<i>*contact details where the applicant can be contacted directly</i>	

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*:	.....
<i>* contact details where the party can be contacted directly</i>	

Last name, First name:	.....
Position:	.....
Address, Zip code, City*:	.....
Phone number / Fax*:	.....
Email*:	.....
<i>* contact details where the party can be contacted directly</i>	

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 Vaud Chamber of Commerce and Industry by:

- Phone: + (41) (0)21 613 35 37
- Fax: + (41) (0)21 613 35 05
- Email: conflits@cvci.ch