



AGC-MN DISPUTE RESOLUTION COMPLAINT FORM

DATE: [Click or tap to enter a date.](#)

TYPE OF DISPUTE: CONTRACT LABOR (UNION) EMPLOYMENT (NONUNION) OTHER: [Click or tap here to enter text.](#)

Filing Party

Name: [Click or tap here to enter text.](#)
 Contact: [Click or tap here to enter text.](#)
 Address: [Click or tap here to enter text.](#)
[Click or tap here to enter text.](#)
 Phone: [Click or tap here to enter text.](#)
 Email: [Click or tap here to enter text.](#)
 Member AGC: Yes No

Responding Party

Name: [Click or tap here to enter text.](#)
 Contact: [Click or tap here to enter text.](#)
 Address: [Click or tap here to enter text.](#)
[Click or tap here to enter text.](#)
 Phone: [Click or tap here to enter text.](#)
 Email: [Click or tap here to enter text.](#)
 Member AGC: Yes No

Project Name and location: [Click or tap here to enter text.](#)

Act or Omission aggrieved: [Click or tap here to enter text.](#)

Provision/article of contract at issue: [Click or tap here to enter text.](#)

Is copy of contract attached? Yes No

ADR Requesting: Choose option

Basis for using AGC Dispute Resolution Process: Choose option

Facts describing complaint (what happened): Click or tap here to enter text.		
Remedy requested: Click or tap here to enter text.		
Other relevant information: Click or tap here to enter text.		
Other contact information:	Click or tap here to enter text.	Click or tap here to enter text.
	Click or tap here to enter text.	Click or tap here to enter text.

Has filing fee been paid or is attached to this form? Yes No AGC Member

Has the other Party(ies) been copied on this form? Yes No



**AGC-MN DISPUTE RESOLUTION
COMPLAINT FORM**

Name:

Title:

Signed:

Phone:

E-Mail:

Organization:

PLEASE **attach a copy of any relevant documents including the contract and send this form to:**

AGC-MN
Attn: Dispute Resolution Process
525 Park Street Ste #110
St Paul MN 55103-2186

or

Email: mschechter@agcmn.org