Texas Department of Criminal Justice
Dispute Resolution Impasse Form

On this, the _______ day of ________________ the matter between ______________________
and ______________________ was not resolved through dispute resolution. The session was
conducted at the ______________________ (location), from ________________ (time beginning)
until __________ (time finish). These participants, if they choose, may seek alternative TDCJ remedies by
contacting an intake officer, Employee Relations, Human Resources Division.

Participant:

Printed Name: Last First MI

Signature
Date: (mm/dd/yyyy)

Participant:

Printed Name: Last First MI

Signature
Date: (mm/dd/yyyy)

Facilitator:

Printed Name: Last First MI

Signature
Date: (mm/dd/yyyy)

Facilitator: (if applicable)

Printed Name: Last First MI

Signature
Date: (mm/dd/yyyy)

If applicable, attach another page identifying other participants.

Copy: Employee Relations, Human Resources Division