

**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 finished). 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)
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**Participant:**

Printed Name: Last	First	MI	Signature	Date: (mm/dd/yyyy)
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**Facilitator:**

Printed Name: Last	First	MI	Signature	Date: (mm/dd/yyyy)
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**Facilitator: (if applicable)**

Printed Name: Last	First	MI	Signature	Date: (mm/dd/yyyy)
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If applicable, attach another page identifying other participants.

Original: Employee Relations Dispute Resolution file  
Copies: Participants