

Resolution Form

Customer Contact Information			
Name:		Date:	
Address:		City, State:	
Phone Number:		Email:	
Type of Service			
Description:			
Type of Experience			
<input type="checkbox"/>	Tardiness/Leaving Early	<input type="checkbox"/>	Absenteeism
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Substandard Work
Details			
Description of Experience:			
Plan of and/or for Improvement:			
Additional Notes:			
Acknowledgement of Receipt of Follow up from Service Provider			
<i>By signing this form, you confirm that you received additional correspondence from the original intended service provider. You also confirm that you and the service provider have discussed the issue and have come to an agreement for a plan of improvement (and/or actions have already taken place).</i>			
Customer Signature		Date	
Company (Service Provider) Signature		Date	

Mailing Address: Att: Ethical Services Admin - 4440 S Rural Rd, Building F, Tempe, AZ, 85282
Fax Number: Att: Ethical Services Admin - 480-858-0004
Email: Subject: Ethical Services Resolution Form - service@ethicalservices.com