

**AGENCY NAME  
RYAN WHITE PART A**

**GRANTEE GRIEVANCE**

**Request for Binding Arbitration Form**

**Eligibility:** You may request binding arbitration if you filed a grievance under Part A Program (Grantee) grievance policies, the grievance was found to have standing, and you were unable to reach a satisfactory resolution through the Grantee's internal review by the Director or designee.

**Binding Arbitration:** If you participate in binding arbitration, the decision of the arbitrator will be final and the settlement specified in the arbitrator's report will be binding on both parties.

**Timing:** The Ryan White Program office must receive your request for binding arbitration within ten (10) business days after you received the report of the Director or designee indicating an impasse or an indication that no mutually satisfactory resolution was reached.

**Fees:** The fees and costs of an Arbitrator will be split between the Grievant and the Administrative Agency in accordance with the fees and cost schedules set forth by the rules of one arbitration format (i.e., Commercial Arbitration Rules and Mediation Procedures, Year 2008) or the American Arbitration Association.

Submit the completed form to the Phoenix EMA Ryan White Part A Program Office at the address below by mail, electronic mail (with electronic signature), or fax, or bring it to the office during normal working hours. The date of submission is the date the Request for Binding Arbitration Form is received by the Grantee representative. The office is located at:

**Ryan White Part A Program**

**Maricopa County**

**301 W. Jefferson**

**Phoenix, AZ 85003**

**Phone: 602-506-5341**

**FAX: 602-506-6300**

**EMAIL: connerr001@mail.maricopa.gov**

**AGENCY NAME  
RYAN WHITE PART A**

**GRANTEE GRIEVANCE  
Request for Binding Arbitration Form**

**Information Required:** Your original grievance is on file at the Ryan White Program office. Please include in this request your contact information, any updated information regarding your grievance and desired remedy, a description of previous steps taken under non-binding procedures that have not resulted in agreement, and why you are seeking binding arbitration.

\_\_\_\_\_  
**Name(s) of person(s) filing the grievance:**  *Check here if you are filing as an individual*

\_\_\_\_\_  
**Name of entity on behalf of which the grievance was filed:**

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_  
(Daytime) (Optional)

**E-mail address:** \_\_\_\_\_ **Fax number:** \_\_\_\_\_  
(Optional) (Optional)

**Indicate ONE preferred method of contacting you:**

\_\_\_ Daytime phone \_\_\_ Cell phone \_\_\_ E-mail \_\_\_ Postal service \_\_\_ Other (specify)

**On what date did you file the original grievance?**

**Please describe the previous steps taken under non-binding procedures that have not resulted in an agreement.**

**Why are you requesting binding arbitration?**

**Please provide any desired updated information about your grievance, how you were directly affected, and the desired remedy. (Use additional pages as needed.) If the information on your Grievance Intake Form is complete and still applies, please indicate that here.**

**I am requesting binding arbitration. I have been provided information about the process. I agree to meet specified deadlines for providing information and to participate in one or more sessions with the arbitrator. I recognize and accept that the decision of the arbitrator will be final and must be followed by both parties.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_