

SOUTHERN EMPLOYMENT ARBITRATION LLC

CLAIM FORM - EMPLOYMENT DISPUTE

How to File a Claim: Once you have completed this form, attach a copy of your arbitration agreement, arbitration complaint, and file the documents electronically by facsimile at 1-866-607-9634 (request a delivery receipt) or e-mail at file@southernemploymentarbitration.com, or mail the original and one copy to SEALLC, 5409 Trace Ridge Lane, Birmingham, Alabama 35244.

Employees: Keep a copy for yourself and mail a copy to your employer. Mail a check with your filing fee to SEALLC, 5409 Trace Ridge Lane, Birmingham, Alabama 35244.

Employer: Keep a copy for yourself and mail a copy to the employee by certified mail, return receipt requested. Mail a check with your filing fee to SEALLC, 5409 Trace Ridge Lane, Birmingham, Alabama 35244.

Which party is filing this claim:

Employee Employer Jointly (Employee and Employer)-Both parties must sign below.

Employee's Name: _____	Employer: _____
Address: _____	Address: _____
_____	_____
Phone Number: _____	Phone Number: _____
Fax Number: _____	Fax Number: _____
E-mail Address: _____	E-mail Address: _____
_____	_____
Attorney's (if any) name/address/phone: _____	Attorney's (if any) name/address/phone: _____
_____	_____
_____	_____
_____	_____

Nature of the Claim and Facts (Attach additional pages if necessary): _____

Claimant's Position: _____

Remedy or relief sought: _____

Requested location for Arbitration: _____

Signature of Employee _____	Signature of Employer _____
Date: _____	Date: _____