# NORTHERNGRID'S

**DISPUTE RESOLUTION FORM**

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| Name of Individual/Organization Filing Complaint | | | | | Date |
| Address | | | | | |
| City | | State | | Zip Code | |
| Name of company representative/Point of Contact (if applicable) | | | | | Title of co. rep. (if applicable) |
| Telephone Number(s) | | | Fax Number(s) | | Email Address |
| This form documents and initiates the process to resolve any substantive or procedural dispute related to NorthernGrid. Please provide the information requested on this form and return it to the Chair of the Enrolled Parties Planning Committee via NorthernGrid's email address: NWPP\_NorthernGrid\_Staff@nwpp.org | | | | | |
| **NAME OF PROVIDER / ORGANIZATION DISPUTE FILED AGAINST** | | | | | |
| Name | | | | | |
| Address | | | | | |
| City | | | State | | Zip Code |
| Telephone Number(s) | Email Address (optional) | | | | |
| Other Parties to the Dispute (if applicable) | | | | | |

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| **STATEMENT OF DISAGREEMENT** |
| Please provide a written description of the area(s) of disagreement including but not limited to: concerns relating to the conduct of a Committee; identification, evaluation and assessment of a proposed transmission project; eligibility determinations; response to comments; allocation of cost; and the inclusion or exclusion of a project from the Regional Transmission Plan. Be as specific as possible. |

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| **FACTS SUPPORTING STATEMENT OF DISAGREEMENT** |
| Please provide a written description of the facts supporting your statement of disagreement and identify any pertinent information (such as, data submitted; written correspondence; notes release by a NorthernGrid committee; evaluations/ assessments) that may verify your concerns. Be as specific as possible. |
| **PROPOSED SOLUTION(S) TO AREA(S) OF CONCERN** |
| Please provide a proposed resolution(s) which would address your area(s) of concern. You may submit additional information in writing about your concerns. Be as specific as possible. |

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| Signature | Date |