

Conflict Resolution/Issue Resolution Matrix

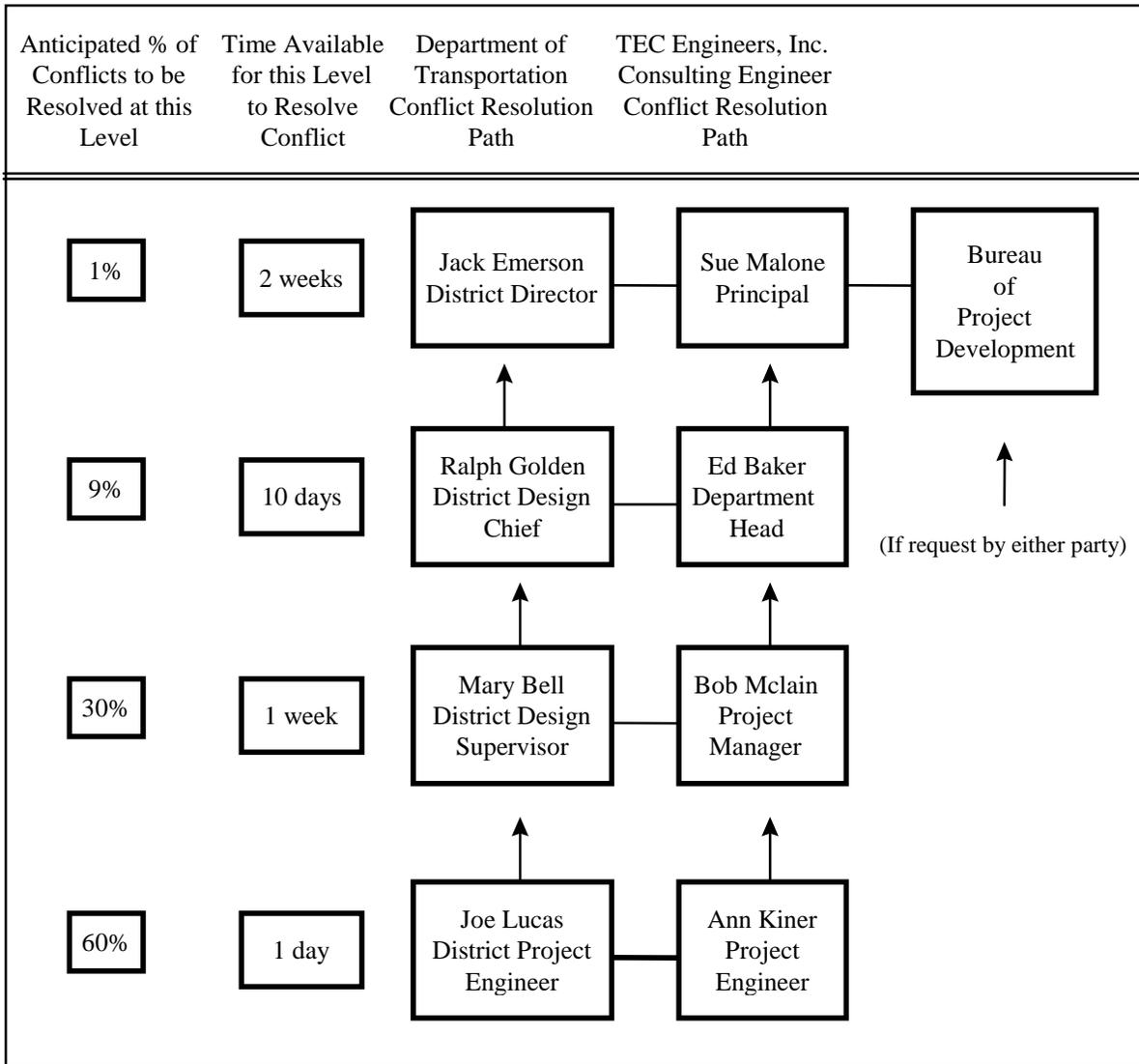
Project ID # _____

Project Name

Anticipated % of Conflicts to be Resolved at this Level	Time Available for this Level to Resolve Conflict	(NAME) Department of Transportation Conflict Resolution Path	(NAME) Consulting Engineer Conflict Resolution Path	Bureau of Project Development and other Appropriate WisDOT Central Office Staff	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		(If requested by either party)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

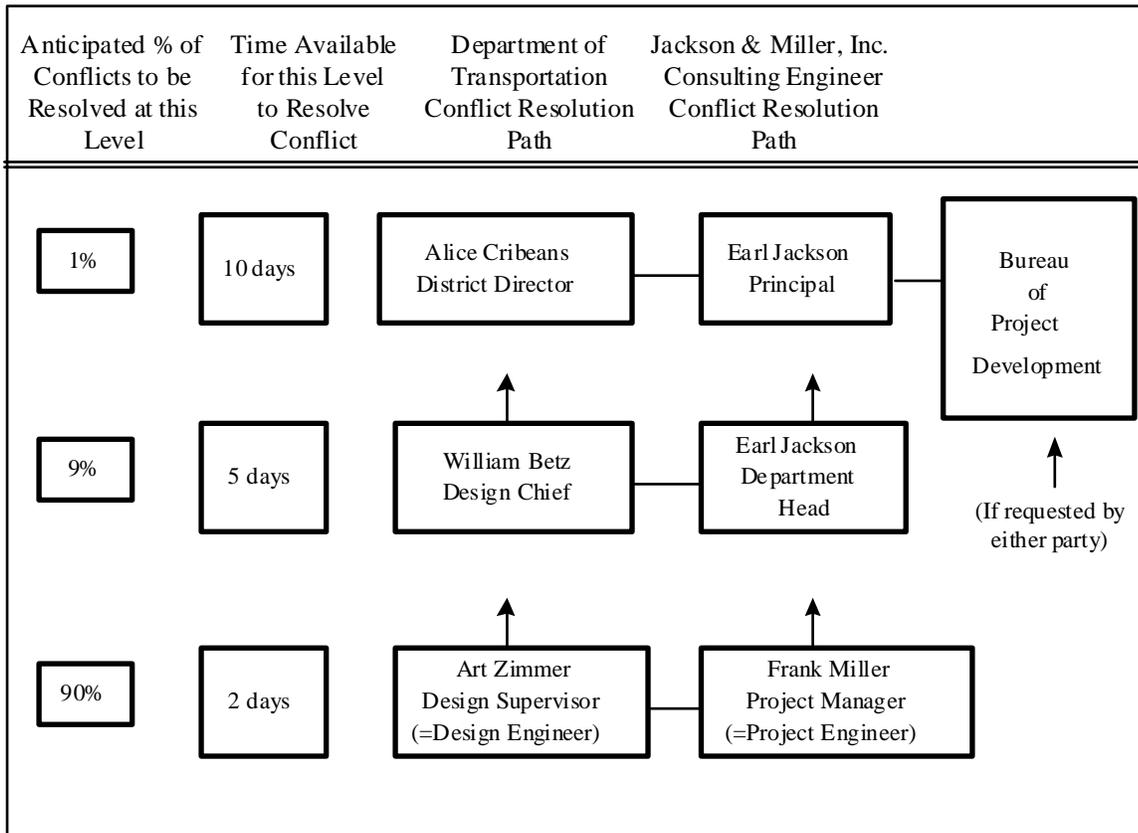
We the undersigned agree to make a good faith effort to undertake and implement this conflict resolution process.

Example Large Design Project: Pleasantville Road



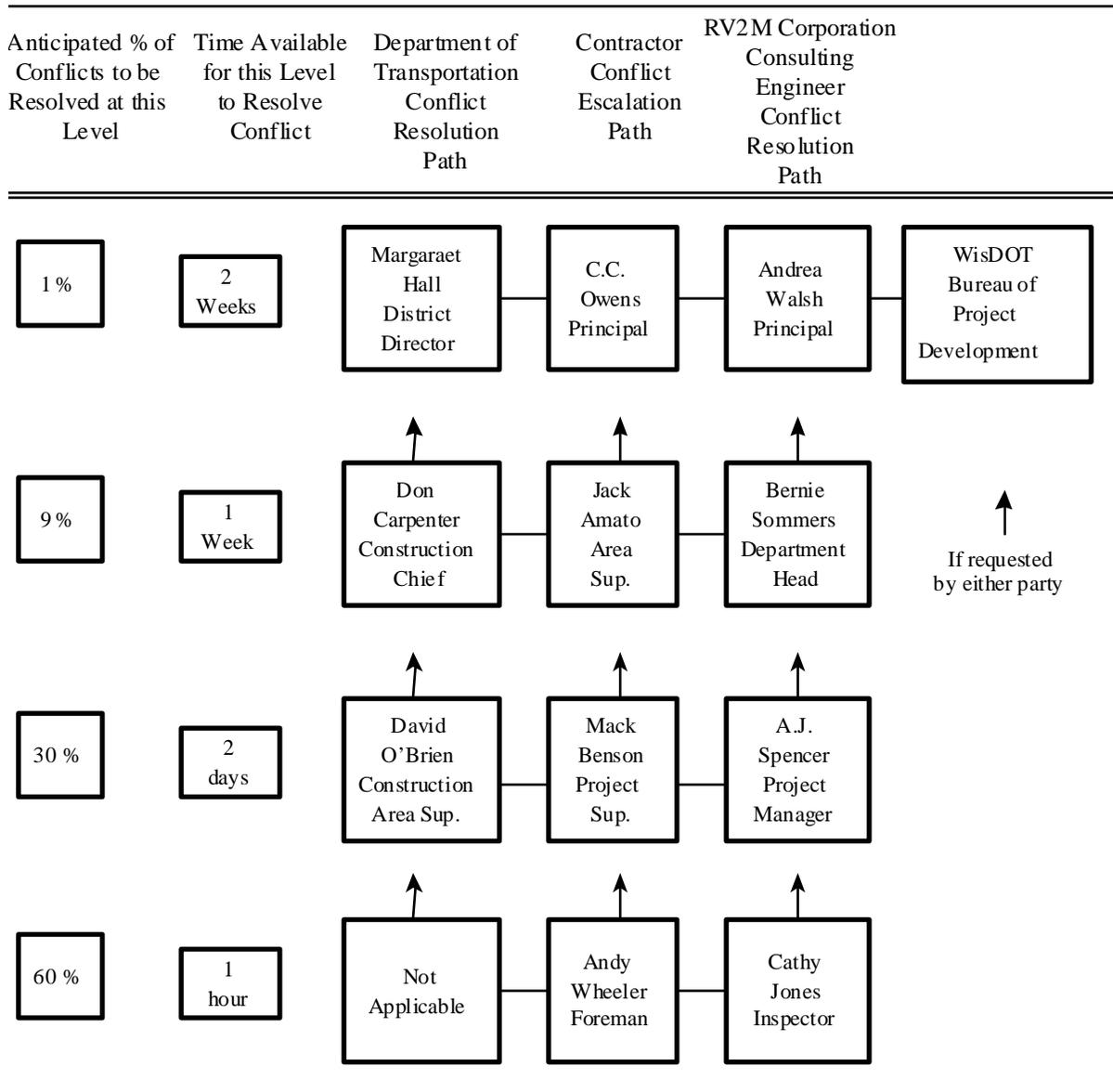
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Example Small Design Project: STH 98/Easy Street Intersection Improvement



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Example Construction Project: Brew Town Bypass



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