



Demand for Arbitration
To be sent by Certified or Registered Mail

Complete every section

Name of Party Demanding Arbitration ("Claimant"): _____

Date of Demand for Arbitration:

Claimant's Mailing Address:

Claimant's Phone Number:

Claimant's Email Address: _____

Address or Store/DC Number of the Family Dollar location where Claimant sought work, works or last worked for Family Dollar:

If Claimant has an attorney, please provide that person's name and contact information:

Describe the nature of the claim(s) and the facts that support it. Please be specific, including names and dates if possible. If more space is needed to describe the claim, or if documents help explain what the claim is about, please use more space or attach those documents.

What remedy is sought? _____

Monetary value of amount in controversy: _____

Claimant Signature

For claims initiated by Associate, send this Demand for Arbitration by certified or registered mail to: Family Dollar Arbitration Program c/o the Chief Legal Officer, 510 Volvo Parkway, Chesapeake, VA 23320.

For claims initiated by Family Dollar, it will send this Demand for Arbitration by certified or registered mail to the last known address listed in the Associate's payroll records, personnel file or job application.