

DEMAND FOR ARBITRATION
(To Be Sent by Certified or Registered Mail)

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 Dollar Tree Location Where Claimant Works (Or Last Worked For Dollar Tree): _____

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

Please describe the nature of the claim 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 relief or remedy is sought? _____

For claims initiated by Associate, send this Demand for Arbitration by certified or registered mail to: Dollar Tree Arbitration Program c/o the Chief Legal Officer, 500 Volvo Parkway, Chesapeake, VA 23320.

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