

Conflict Resolution Intake Form rev.11.6.15

To help the Conflict Resolution Team successfully mediate the difficulties each party is experiencing, please provide the team with the information requested below. This will aid the team in their efforts to mediate and resolve the situation.

Thank You.

Name of person initiating this process: \_\_\_\_\_

Name of person(s) with whom there is a conflict: \_\_\_\_\_

\_\_\_\_\_

Brief description of the main source of the interaction that resulted in the request for Conflict Resolution:

Extenuating circumstances in your life of which the other party may not have been aware:

Brief description of the outcome you are hoping to achieve through this process: