

Timberlane Regional School District	Procedure Code: KE-X
Approved: 12-05-91 Revised: 02-24-05	Page 1 of 2

CONFLICT RESOLUTION FORM

DATE _____

A. JOINT STATEMENT OF CONCERN

B. PROPOSED SOLUTIONS

(a) Initiator _____

(b) Recipient _____

C. SIGNATURES:

_____	_____
Initiator	Recipient
_____	_____
Telephone Number	Telephone Number

D. RESOLUTION

_____	_____
Administrative Signature	Date

KE-X - CONFLICT RESOLUTION FORM

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CONFLICT RESOLUTION FORM

Person or persons initiating concern:

A. Name: _____ Date: _____
Address: _____ Telephone: _____ (home)
_____ (work)

B. Person or persons whose actions are of concern:
Name: _____
School: _____

C. Written description of problem or concern:

D. Proposed solution to problem or concern:

Signature (a) Signature (b)

DATE: _____

Copy to next level supervisor