

CONFLICT MANAGEMENT NOTES

S.U. # _____ TROOP # _____ DATE _____ TIME _____

PERSON SHARING CONCERN: _____

CONCERN, AS EXPRESSED: _____

WHO INVOLVED? _____

WHEN DID IT HAPPEN? _____

WHERE DID IT HAPPEN? _____

WHAT HAPPENED? _____

MY RESPONSE/RECOMMENDATIONS: _____

SPECIFY WHO & WHAT FOLLOW-UP NEEDED AND TIMELINE: _____

FINAL OUTCOME: _____

SHARED ABOVE INFORMATION WITH: _____ DATE _____

Name of person completing this form _____