

This form is used to report a conflict. A "conflict" is defined as any kind of disagreement between two or more volunteers and/or parents.

Conflict Resolution Policy:

- All volunteers shall have the opportunity to present their concern and work to resolve the issues in a timely manner using the council's conflict resolution procedures.

Procedure:

- Volunteers are first expected to discuss concerns with the individuals involved when a conflict arises. A problem-solving tone should be adopted during these discussions. If this does not resolve the issue then:
- The parties should jointly discuss the situation with volunteer leadership and/or staff for support and guidance. If this does not resolve the issue, then:
- Each party involved in the conflict will fill out a "Conflict Report" and submit it to their service unit manager. The service unit manager will then submit the form to their staff liaison. The reports will be reviewed by the appropriate director and an official conflict resolution meeting will be scheduled to resolve the issue.

Please submit this form to your service unit manager or staff liaison. Per policies and procedures, this form will be forwarded to the appropriate staff person.

Name _____ Phone _____

Address _____ City _____ State _____ ZIP _____

Email _____ Service Unit _____ Troop Number _____

Date(s) of Issue or Concern _____ Time of Issue or Concern (if applicable) _____ am/pm

Site or Location of Issue or Concern _____

Event _____

Name(s) of person(s) involved:

Girl / Adult :

Describe Issue or Concern: (Specify location, what happened and why, attach additional pages as necessary.)

Description of Issue or Concern (continued):

Describe a solution you feel would resolve this issue or concern (attach additional pages as necessary).

Signature

Date

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& Southwest Washington
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Portland, OR 97219
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f: 503-977-6801

For Office Use Only

Date received in service center: _____
Forwarded to: _____ by: _____ date: _____
Forwarded to: _____ by: _____ date: _____
Date response sent: _____ by: _____