Conflict Description Template

The UI emphasizes early, efficient, and collaborative conflict management across the organization. This informal template serves to encourage timely and consistent conversations that normalize the occurrence of conflict and seek to solve it at the local level.

Name of individual or group with concern: ______________________________

Staff_____ Faculty_____ Student_____ 

Department/Unit: _______________________

Describe limits/boundaries related to confidentiality for complainants and respondents. (Information on confidential conversations at: http://hr.uiowa.edu/fsds/hr-supervisors/conversation-confidential)

Issue description:

Location:

Time frame/duration: ____ Days ____ Months ____ Years

Time of day:

When did you first become aware?

Who is involved, directly or indirectly?

Do you know of any information that would verify what you saw/know?

Who else do you believe knows about the situation?

What prompted you to seek assistance now?

What is the potential risk/harm?

What other offices have you communicated with regarding this issue?

___ supervisor ___ HR - local ___ OE Consultation
___ DEO/administrator ___ HR - senior ___ EOD
___ Union, if applicable ___ HR - central ___ Provost
___ Ombudsperson ___ FSS/EAP
___ Other (please describe) ____________________________________________
Have other steps been taken by other offices? If yes what was recommended?

What ____________________ by whom ________________ when __________

Explain why these have not resolved the issue to your satisfaction.

What have you done to resolve this issue?

What would you like to see happen now?

What do you need to have happen? What is most important?

What is desirable? (If the individual can differentiate)

How would you like to receive feedback? Email __________________________ Phone Number-

What is the best time to communicate with you?

Other observations by the individual conducting the interview:

____________________________________
print name

____________________________________
signature

____________________________________
date