**Conflict Resolution Request Form**

**Section 1: Employee Information**

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| --- | --- | --- | --- |
| **Employee Name:** |  | | |
| **Position/Job Title:** |  | **Department:** |  |
| **Contact Number:** |  | **Email:** |  |
| **Date of Submission:** |  | | |

**Section 2: Details of the Conflict**

**Person(s) Involved in the Conflict:**

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|  |  |  |  |
| --- | --- | --- | --- |
| **Department(s):** |  | **Date(s) Conflict Occurred:** | (If ongoing, specify: |
| **Location of Incident(s):** | |  | |

**Section 3: Description of the Conflict**

Provide a clear, factual explanation of the situation.  
(Include what happened, when it happened, and how it affected your work)

**Description:**

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*Sample Entry:*  
“The conflict began on 5th February when a disagreement occurred regarding task allocation. Miscommunication continued over the week, resulting in delays and team tension.”

**Section 4: Impact of the Conflict**

Describe how the issue is affecting you, the team, or work performance.

**Impacts:**

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Reduced productivity | ☐ Stress or emotional strain | ☐ Communication breakdown | ☐ Missed deadlines |
| ☐ Team disruption | ☐ Other: | | |

**Explain:**

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**Section 5: Steps Taken to Resolve the Conflict (if any)**

Describe what you already tried before submitting this request.

**Actions Taken:**

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*Sample Entry:*  
“Attempted direct discussion on 7th February but no mutual agreement was reached.”

**Section 6: Desired Outcome or Resolution**

What result are you seeking from mediation or management intervention?

* **Preferred Resolution:**

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| --- |
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* **Type of Assistance Requested:**  
  ☐ Mediation Session  
  ☐ Manager/Supervisor Intervention  
  ☐ HR Investigation  
  ☐ Clarification of Roles  
  ☐ Team Meeting  
  ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 7: Additional Information**

Provide any documents, screenshots, or evidence relevant to the conflict.

**Attachments Provided:**  
☐ Yes (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
☐ No

**Section 8: Declaration**

I declare that the information provided above is accurate and submitted in good faith for resolution.

* **Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_

**Section 9: For Official Use Only (HR/Management)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Received By:** |  | **Date Received:** |  |
| **Action Taken:** |  | **Follow-Up Date:** |  |
| **Outcome/Notes:** |  | | |