STC ACADEMY · SIMULATION TRAINING CENTER

CONFLICT RESOLUTION / MEDIATION REQUEST

Ask for help working out a conflict with a classmate, team member or staff member

FORM NO. **STC-SL-1001**

SECTION 10
Student Life & Community

INSTRUCTIONS Fill out sections 1–5 and turn in to Student Life. A mediator contacts everyone involved. The red section and signatures are done at the meeting.

REQUEST #	DATE SUBMITTED	COHORT / CLASS	RECEIVED BY (STAFF)

1 PERSON REQUESTING

FULL NAME	STUDENT / STAFF ID #	PHONE

PROGRAM ☐ EMT ☐ AEMT ☐ Paramedic ☐ Nursing ☐ Fire & Rescue

ROLE ☐ Student ☐ Instructor ☐ Staff

2 OTHER PERSON(S) INVOLVED

#	NAME	ROLE	PROGRAM / COHORT	KNOWS YOU Asked?
1		☐ Student ☐ Instructor ☐ Staff		☐
2		☐ Student ☐ Instructor ☐ Staff		☐

3 ABOUT THE CONFLICT

TYPE OF CONFLICT (CHECK ALL THAT APPLY)

☐ Communication / Disrespect ☐ Teamwork / Group Work ☐ Lab or Sim Partner ☐ Shared Space / Schedule ☐ Social Media / Online
☐ Personal Disagreement ☐ Student–Instructor ☐ Other: _____

WHEN DID IT START?	HOW OFTEN?	WHERE (WING / ROOM / ONLINE)
	☐ One time ☐ A few times ☐ Ongoing	

WHAT HAPPENED Stick to facts: what was said or done, and when

Not for harassment, discrimination, abuse, threats or violence. Under the Code of Conduct those are **zero tolerance** and go straight to the Program Director for immediate review (use STC-CAP-001 or tell any staff member). If anyone is in danger, call 911.

4 WHAT YOU HAVE TRIED SO FAR

PRIOR ATTEMPTS (CHECK ALL THAT APPLY)

☐ Talked to them directly ☐ Asked an instructor for help ☐ Talked to a mentor ☐ Went to the Program Director ☐ Nothing yet

5 WHAT WOULD HELP

PREFERRED RESOLUTION (CHECK ALL THAT APPLY)

☐ Mediation meeting ☐ Written agreement ☐ Change partner / group ☐ Instructor check-in ☐ On record only ☐ Other

WILLING TO MEET FACE TO FACE?	BEST DAYS / TIMES TO MEET	YOUR SIGNATURE
☐ Yes ☐ No		

MEDIATOR / STUDENT LIFE USE

Completed by staff only

MEDIATOR ASSIGNED	DATE ASSIGNED	MEETING DATE / TIME	LOCATION

OUTCOME ☐ Resolved ☐ Partly resolved ☐ Not resolved: to Program Director ☐ Withdrawn

FOLLOW-UP CHECK-IN DATE

AGREEMENT REACHED (WHAT EACH PERSON AGREES TO DO)

6 AGREEMENT SIGNATURES

Signing means you agree to the plan above

PARTY 1 SIGNATURE	DATE	PARTY 2 SIGNATURE	DATE	MEDIATOR SIGNATURE	DATE