



FIBROMYALGIA ASSOCIATION OF CANADA

CONFLICT RESOLUTION FORM

This form is meant to serve as a way to allow the Conflict Resolution Officer(s) and Board of Directors to resolve conflicts that don't rise to the level of discrimination, sexual harassment, or contract grievances. Those types of complaints have specific procedures, mandated by separate governance policies and you should contact the Administration and/or Executive Committee for assistance.

Name: _____

Date: _____

Member/Position: _____

Committee: _____

1. Please outline the concern(s), which resulted in your decision to initiate this process. *Note: Specific examples / dates detailing your concern(s) are encouraged. Ensure to include the impact it has on the work environment and your health. Feel free to attach additional pages if more space is necessary.*

2. Any private interests relevant to the possible conflict: *Note: You must also disclose the relevant personal interests of third parties (e.g. family member, friend, business partner involved in the community).*

_____ Signature of Member

Date

_____ Received by Member

Date