

NORTH HARDIN CHRISTIAN SCHOOL

**CONFLICT RESOLUTION FORM**

(Email - [anordyke@nhcky.org](mailto:anordyke@nhcky.org) / Fax 270.351.7757)

Name of Person Filing Report		Date:
Contact Information	Phone Number:	Email:
Filed on behalf of: (Student's Name)		

**COMPLAINT**

Person(s) involved	
Location	
Date of the incident	
Witnesses	

**Please state your conflict in the space below. Feel free to use the back side of this form or attach a separate sheet if necessary, but please provide as much detail as possible.**


Once the conflict resolution form is filed with the school office, you will contacted within 24 hours.

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**RESOLUTION PAGE**

Received by:	Date:
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Investigation Procedure:	

Results:	

Notification given to complainant via:	Date:
School Board Member's Signature	

Final decision for each conflict rests with the decision of the NHCS School Board.