



Was "911" called for Medical Aid, Fire Department, or Sheriff's Department?.....YES ( ) NO ( )

IF YES PLEASE FILL OUT EMERGENCY RESPONSE AFTER ACTION REPORT.

What person(s) and/or agencies have you asked for help? Describe any attempts by others to resolve the situation.

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The Board of Directors, the Manager, and the Mediation Committee wish to provide information on the availability and benefits of mediation. Please consider discussing your incident with the Mediation Committee in order to help determine if your situation may be appropriate for mediation:

Mediation is a process of communication especially designed to help resolve disputes and to avoid the escalation of conflict. Mediation has a high rate of success and compliance because the parties involved participate in the resolution. Mediation is concerned with the well-being of the community. Mediation is confidential. Mediation is non-binding. Mediation is committed to protecting the rights and safety of the individuals involved. Participation is voluntary. All options for civil action remain open.

Please check the box that most applies to this incident report:

- Request Mediation Committee follow-up       Request PPMC Manager follow-up       No follow-up requested

Signature of Member(s) making this report \_\_\_\_\_  
\_\_\_\_\_  
(Incident Reports must be signed)

COPIES OF REPORTS ARE FILED IN THE OFFICE INCIDENT REPORT BINDER, PLACED IN YOUR MEMBER FILE, AND PLACED IN THE FILE OF THE MEMBER REPORTED. PLEASE NOTE: THE REPORTED ON PRIMARY MEMBER OF THE ALLOTMENT WILL BE NOTIFIED. AFTER REVIEW MANAGER WILL NOTIFY BOARD. REPORTING MEMBER NOT ENTITLED TO FOLLOW-UP REPORT.

BELOW FOR OFFICE USE ONLY=====

- Receipt Acknowledge Sent Initial: \_\_\_\_\_ Date: \_\_\_\_\_.
- MANAGER Initial: \_\_\_\_\_ Date: \_\_\_\_\_ Notes: \_\_\_\_\_
- Reported on Member Notification Initial: \_\_\_\_\_ Date: \_\_\_\_\_ Notes: \_\_\_\_\_
- Referred to MC Initial: \_\_\_\_\_ Date: \_\_\_\_\_ Notes: \_\_\_\_\_
- MC Chair Initial: \_\_\_\_\_ Date: \_\_\_\_\_ Notes: \_\_\_\_\_
- MC Intaker Initial: \_\_\_\_\_ Date: \_\_\_\_\_ Notes: \_\_\_\_\_
- Office Binder Filed Initial: \_\_\_\_\_ Date: \_\_\_\_\_ Notes: \_\_\_\_\_
- Reporting Member File Copy Initial: \_\_\_\_\_ Date: \_\_\_\_\_ Notes: \_\_\_\_\_
- Reported on Primary Member of Allotment File Copy Initial: \_\_\_\_\_ Date: \_\_\_\_\_ Notes: \_\_\_\_\_
- Incident Report CLOSED Initial: \_\_\_\_\_ Date: \_\_\_\_\_ Notes: \_\_\_\_\_

FOLLOW-UP NOTES (also see any attachments)

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