



Tallahassee Classical School

Know the True • Do the Good • Love the Beautiful

Conflict Resolution Form

Date conflict occurred: _____

Individual submitting form: _____

Date of form submission: _____

Please state the issue or summarize the subject you would like addressed:

Please list all Tallahassee Classical School staff you have communicated with about this conflict and the response(s) you received:

Received By: _____ Date Received: _____

Date Received: _____

Actions Taken: _____

Result: _____