

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.

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 THE INCIDENT REPORT IS FILED IN YOUR MEMBER FILE, AND A **REDACTED COPY** PLACED IN THE FILE OF THE MEMBER REPORTED. **PLEASE NOTE: AFTER REVIEW MANAGER WILL NOTIFY BOARD. FOLLOW UP TO ALL PARTIES INVOLVED WILL BE MADE BY THE MANAGER.**

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)
