

SITUATION REPORT

Date _____

Name _____ e-mail address _____

Phone # _____ Cell # _____

Troop # _____ Service Unit _____

Please describe the situation you are reporting:
(Please attach another sheet if you need more room)

Who have you reported this situation to prior to this report?

How would you prefer this situation was addressed with you? (Circle One)

Phone Call In Person Meeting

Would you want to initially include the other parties involved? Yes No

For the purpose of confidentiality and to maintain a positive environment for the girls to experience Girl Scouting, we ask that you help us contain this situation by keeping the information shared in this report to the appropriate parties.

The correct protocol for conflict management is in the following order: Troop Leader, Service Unit Director, Membership Specialist and Council Membership Manager.

If there is a reason that you cannot communicate your issue to the first person in this chain of command, the person holding the next position in this line up should be your contact.

I agree that my statement is true and based on my personal first hand knowledge. I also agree to respect the Girl Scout experience by keeping this matter from affecting the troop while it is properly being dealt with.

Signature _____ Date _____

Response/Action Plan:

By this date: _____

Staff Member Reporting: _____

Results/Outcome:

Date _____

Staff Member Reporting: _____

Additional Follow Up Needed:

By this date: _____

Staff Member Reporting: _____