

# Conflict Clarification Form

Write out each issue you want to address in the DEAR format. Your RA can assist you with this process.

## Describe

Clearly and concisely describe the facts of the situation, without any judgment.

## Express

Use "I" statements to express your emotions.

## Assert

Clearly state what you want or need. Be specific when giving instructions or making requests.

## Reinforce

Reward the other person if they respond well to you.

Dear: \_\_\_\_\_

Express: \_\_\_\_\_

Assert: \_\_\_\_\_

Reinforce: \_\_\_\_\_

Dear: \_\_\_\_\_

Express: \_\_\_\_\_

Assert: \_\_\_\_\_

Reinforce: \_\_\_\_\_

## GROUND RULES FOR MEDIATION

1. Refrain from making assumptions about others' motives.
2. Listen with respect and work hard to understand others' interests.
3. Avoid interruptions and rely on mediator to see that everyone is recognized.
4. Focus on solutions (on what can be done as opposed to what can't be done,)
5. Stay engaged in the process even if the topics are hard and uncomfortable.
6. Any party or the mediator may call for a time out at any time for any reason.
7. The mediation should remain confidential and not discussed with outside parties.

# Conflict Prevention and Management Guide



## OVERVIEW OF PROCESS

- Step 1:** Complete your suitemate agreement with suitemates and RA.
- Step 2:** If conflict arises, talk with you suitemate(s) about your concerns.
- Step 3:** Consult your Resident Assistant for further help, if the conversation is not effective.
- Step 4:** Complete the Conflict Clarification Form.
- Step 5:** Review the ground rules for mediation.
- Step 6:** Resident Assistant will mediate a conversation between all parties involved in the conflict.
- Step 7:** Revise suitemate agreement to reflect the outcomes agreed upon at the mediation.
- Step 8:** Allow for updated agreement to take effect and give time.

**Only after you have completed Steps 1-8 will you be referred to the Office of Residence Life Pro for a potential room change.**



Office of Residence Life  
SUITEMATE AGREEMENT

|                        |  |               |  |
|------------------------|--|---------------|--|
| <b>Residence Hall:</b> |  | <b>Suite:</b> |  |
| <b>Suitemate 1:</b>    |  | <b>Room:</b>  |  |
| <b>Suitemate 2:</b>    |  | <b>Room:</b>  |  |
| <b>Suitemate 3:</b>    |  | <b>Room:</b>  |  |
| <b>Suitemate 4:</b>    |  | <b>Room:</b>  |  |

**PERSONAL BELONGINGS**

1. It is OK for suitemates to use:

|                                     | Always | Ask | Never |
|-------------------------------------|--------|-----|-------|
| Bed                                 |        |     |       |
| Desk                                |        |     |       |
| Food                                |        |     |       |
| Clothes                             |        |     |       |
| Computer/Printer                    |        |     |       |
| TV                                  |        |     |       |
| Stereo                              |        |     |       |
| Headphones/Ear Buds                 |        |     |       |
| Toiletries (Soap, Toothpaste, etc.) |        |     |       |
| Other:                              |        |     |       |
| Other:                              |        |     |       |

2. What items do we agree to share? \_\_\_\_\_

3. What items will be purchased as a group? \_\_\_\_\_

**CLEANING**

3. What does "clean" mean to each suitemate? \_\_\_\_\_

4. How are cleaning duties going to be divided within the suite? \_\_\_\_\_

| Task              | Responsible Person | Frequency |
|-------------------|--------------------|-----------|
| Shower            |                    |           |
| Toilet            |                    |           |
| Bathroom Sink     |                    |           |
| Bathroom Mirror   |                    |           |
| Bathroom Floor    |                    |           |
| Kitchen Sink      |                    |           |
| Microwave         |                    |           |
| Refrigerator      |                    |           |
| Common Area Floor |                    |           |
| Trash             |                    |           |
| Other:            |                    |           |
| Other:            |                    |           |

**GUESTS**

5. Guests may stay:            Weekdays            Weekends            Overnight

6. Guests may visit during the following times:

| Time           | Always | Ask | Never |
|----------------|--------|-----|-------|
| 8:00am-12:00pm |        |     |       |
| 12:00pm-4:00pm |        |     |       |
| 4:00pm-8:00pm  |        |     |       |
| 8:00pm-12:00am |        |     |       |
| 12:00am-4:00am |        |     |       |
| 4:00am-8:00am  |        |     |       |

7. Each resident will give \_\_\_\_\_ days advance notice to suitemates about an overnight guest.

8. Each suitemate may have a maximum of \_\_\_\_\_ guests at a time.

**SLEEPING**

|                   | Suitemate 1 | Suitemate 2 | Suitemate 3 | Suitemate 4 |
|-------------------|-------------|-------------|-------------|-------------|
| I wake up at:     |             |             |             |             |
| I go to sleep at: |             |             |             |             |

9. I am OK with the following activities while I am sleeping.

|                 | Yes or No | Yes or No | Yes or No | Yes or No |
|-----------------|-----------|-----------|-----------|-----------|
| Overhead Lights |           |           |           |           |
| Lamps           |           |           |           |           |
| Computer        |           |           |           |           |
| TV/Music        |           |           |           |           |
| Phone           |           |           |           |           |
| Eating/Drinking |           |           |           |           |
| Showering       |           |           |           |           |
| Flushing Toilet |           |           |           |           |
| Other:          |           |           |           |           |
| Other:          |           |           |           |           |

**COMMUNICATION**

10. Our suite will meet every \_\_\_\_\_ at \_\_\_\_\_ to discuss any issues that have arisen.

11. The acceptable modes of communication among suitemates are:

Phone Call    Text Message    E-mail    Group Chat    Written Note    Other: \_\_\_\_\_

12. We agree to resolve conflict among suitemates by: \_\_\_\_\_

13. If a conflict develops and initial efforts to resolve it are unsuccessful, the next step will be: \_\_\_\_\_

By signing below, I agree to the terms set forth in this document. I will notify my RA of any changes to this agreement.

Suitemate 1 \_\_\_\_\_ Date: \_\_\_\_\_

Suitemate 2 \_\_\_\_\_ Date: \_\_\_\_\_

Suitemate 3 \_\_\_\_\_ Date: \_\_\_\_\_

Suitemate 4 \_\_\_\_\_ Date: \_\_\_\_\_