

REQUEST FOR SERVICE

Community Conflict Resolution Unit



The completion and submission of this Request for Service Form will initiate a review by the Civil Rights Department (CRD) Community Conflict Resolution Unit (CCRU). This Request for Service Form is not a complaint. CCRU will determine if this Request for Service can be accepted and whether CCRU will provide any services. Your submission of this document acknowledges that you have read and agree to the CRD's Privacy Policy.

REQUESTOR'S (YOUR) INFORMATION

Name: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary language: _____

Do you need an interpreter when communicating with CRD? Yes No

If yes, indicate language: _____

Do you require disability-related accommodations when interacting with CRD? Yes No

Select all that apply: ASL/Video Remote Interpreting Video Interview
 CART Services Questions in advance
 Other (specify): _____

Are you a member of or affiliated with a group(s) supporting this Request? Yes No

If yes, please list the group(s): _____

RESPONDENT (PERSON/ENTITY THAT COMMITTED DISCRIMINATORY PRACTICE/ACT) INFORMATION

Who or what entity committed the discriminatory practice that led to the dispute, disagreement, difficulty or conflict?

Name: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

■ COMMUNITY CONFLICT INFORMATION

1. I AM:

- An impacted member of a community experiencing a dispute, disagreement or difficulty. (“Community” includes formal or informal local community groups connected by race, national origin, gender, sexual orientation, or any of the characteristics listed in question 2. For example, school, school district, or college community; religious community; tribal community; etc.)
- A representative of a state or local public body involved in a community dispute, disagreement, difficulty, or conflict;
- A person or entity otherwise related to, or aware of, a community experiencing a dispute, disagreement, difficulty, or conflict;
- Seeking training-related or educational services, such as facilitation, technical assistance, design of conflict resolution processes, or services other than conciliation or mediation (answer question 2 only if appropriate).

2. THE COMMUNITY DISPUTE, DISAGREEMENT, DIFFICULTY OR CONFLICT RELATES TO DISCRIMINATION BASED ON (SELECT ALL THAT APPLY):

- | | | |
|---|---|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> Religious creed |
| <input type="checkbox"/> National origin | <input type="checkbox"/> Ancestry | <input type="checkbox"/> Physical disability |
| <input type="checkbox"/> Mental disability | <input type="checkbox"/> Age | <input type="checkbox"/> Medical condition |
| <input type="checkbox"/> Genetic information | <input type="checkbox"/> Marital status | <input type="checkbox"/> Veteran/military status |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Gender | <input type="checkbox"/> Gender identity |
| <input type="checkbox"/> Gender expression | <input type="checkbox"/> Sexual orientation | <input type="checkbox"/> Familial status |
| <input type="checkbox"/> Reproductive health decisionmaking | | |

3a. WHERE IS THE DISPUTE, DISAGREEMENT, DIFFICULTY OR CONFLICT TAKING PLACE?

3b. PLEASE DESCRIBE THE DISPUTE, DISAGREEMENT OR DIFFICULTY, INCLUDING THE DISCRIMINATORY PRACTICE(S)/ACT(S) THAT LED TO IT, WHEN IT BEGAN, AND WHETHER IT CONTINUES:

(Examples of discriminatory practices/acts include, but are not limited to, hate incident with no violence; hate incident with violence; law enforcement excessive force; disproportionate discipline by school or school district; etc.)

4. WHAT TYPE OF ASSISTANCE ARE YOU REQUESTING; HOW CAN WE HELP?

- Designing conflict resolution processes
- Training and education
- Facilitating processes to ensure meaningful community engagement
- Other (please describe):
- Technical consultation regarding conflict
- Facilitating dialogues
- Community mediation/conciliation