



Office of Employment Dispute Resolution

CONFLICT COACHING CONSULTATION REQUEST FORM

All information contained in this request form is strictly confidential.

CONFLICT COACHING CLIENT INFORMATION		
Name:	<input type="checkbox"/> M <input type="checkbox"/> F	Phone Number:
Agency:		Title:
Email:		
Requested By:	<input type="checkbox"/> Employee <input type="checkbox"/> Agency Supervisor <input type="checkbox"/> Agency Human Resources	
Type of Coaching Consultation Requested:	<input type="checkbox"/> 360 Conflict Dynamics Profile (\$201.00) <input type="checkbox"/> Individual Conflict Dynamics Profile (\$ 30)	
AGENCY CONTACT INFORMATION		
If agency management is requesting the conflict coaching consultation, please provide EDR with a point of contact at your agency.		
Name:		Phone Number:
Email:		
Working Relationship to the Conflict Coaching Client:	<input type="checkbox"/> Agency Director <input type="checkbox"/> Agency Supervisor <input type="checkbox"/> Agency Human Resources	
PAYMENT INFORMATION		
Payment Type:	<input type="checkbox"/> DHRM Invoice to Requesting Agency <input type="checkbox"/> Personal Check (Made Payable to the Treasurer of Virginia)	
If you are paying by state invoice, please provide your agency's financial contact information below.		
Name:		
Mailing Address:		
Phone Number:		
Email:		
<i>Please note EDR will provide your agency's financial contact information to the appropriate person at DHRM, who will work directly with your agency contact to process the transaction.</i>		
TO BE COMPLETED BY EDR		
Received Date:	Initial Consultation Date:	
Date CDP Assessment Sent:	CDP Assessment Due Date:	
Case Number Assigned:	Conflict Coaching Consultation Date:	
Additional Conflict Coaching Consultation Dates:		
UPON COMPLETION, PLEASE EMAIL OR FAX TO: Office of Employment Dispute Resolution Attn: Director of Workplace Conflict Email: EDR@dhrm.virginia.gov Fax: (804) 786-1606		