



Cornerstone Classical Academy

Learn the Truth • Do The Good • Love The Beautiful



Conflict Resolution Form

Date conflict occurred: _____

Individual submitting form: _____

Date of form submission: _____

Please state the issue or summarize the subject you would like addressed:

Please list all Cornerstone Classical Academy staff you have communicated with about this conflict and the response(s) you received:

Received By: _____ Date Received: _____

Actions Taken: _____

Result: _____