

# REQUEST FOR INFORMAL ASSISTANCE

University of Minnesota  
**Office for Conflict Resolution**  
Room 662 Heller Hall  
271 – 19<sup>th</sup> Avenue South  
Minneapolis, MN 55455  
612-624-1030

## Person requesting informal assistance:

Name:

Title/Position:

University Status:

Faculty    P&A    Civil Service    Student Worker    Student

Department/Unit:

## Other persons you would like to participate in an informal conflict resolution process:

Name:

Title/Position:

Department/Unit:

Name:

Title/Position:

Department/Unit:

## Type of informal assistance requested (ombuds, facilitated dialogue, mediation) and subject matter to be discussed:

Signature:

Date: