



## Mater Christi School Dialogue Platform

Family Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Details of the Concern(s): Please provide pertinent objective documentation regarding this concern, (i.e., facts, dates, emails, phone calls, conversations).

Interpretation of the Event(s): Please describe your interpretation of what has occurred warranting need for this discussion.

Action(s) you have already taken to resolve the concern: (i.e. Did you speak directly with the faculty/staff member? To whom else have you spoken? What was communicated? What was the outcome, etc.?)

Outcome: Please describe the outcome you are seeking.

Restorative Action Committee Response: