

# Family Conflict Resolution

<b>Date:</b>	
<b>Family member's names:</b>	<b>Conflict:</b>
<b>Impact on family:</b>	<b>Root causes:</b>
<b>Emotions and feelings:</b>	<b>Focus on resolution:</b>
<b>Needs:</b>	<b>Requests to resolve conflict:</b>
<b>Family discussion:</b>	<b>Action plan:</b>
<b>Follow-up:</b>	<b>Additional notes:</b>