



Organization for Cultural Exchange Among Nations

2875 W Ray RD Suite 6 #355 Chandler AZ 85224

Toll-Free: 1-888-996-2326 Ph: (480) 907-7285 Fax: (480) 907-7526

E-mail: [info@ocean-intl.org](mailto:info@ocean-intl.org)

Web: [www.ocean-intl.org](http://www.ocean-intl.org)

### PROBLEM-SOLVING FORM

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

Host Family's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Person Completing This Form: \_\_\_\_\_

1) With whom are you having problems?  Myself  Student  Host Family  
 Area Representative  Office  School  If other, explain: \_\_\_\_\_

2) What is the conflict?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) When did the problem occur?  
\_\_\_\_\_  
\_\_\_\_\_

4) Have you communicated with the party/parties involved (please explain)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5) Have you tried to resolve the conflict on your own? \_\_\_\_\_ If so, how?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6) What is your opinion of the conflict?

---

---

---

---

---

7) How would you like to see this problem resolved?

---

---

---

---

---

8) Have you contributed in any way to the conflict? Please explain your reasoning:

---

---

---

Additional Comments:

---

---

---

---

---

---

---

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Main Office Use Only:**

**Director in Charge:** \_\_\_\_\_

---

---

---

---

---

---

---