Wedding Planner Client Conflict Assessment Sheet

| Date | |
|------------------------------|---|
| | |
| Diameter Name | |
| Planner Name | |
| | |
| Client Name(s) | |
| | |
| | |
| Summary of Conflict | |
| | |
| | |
| Other Parties Involved | |
| | |
| | |
| Type of Conflict | |
| | _ |
| Event Impact (if any) | |
| | |
| | |
| Actions Taken So Far | |
| | |
| | |
| | |
| Client Response | |
| | |
| | |
| Potential Resolution Options | |
| | |
| | |
| Follow-up Plan | |
| | |
| | |
| | |

| Additional Notes | | | |
|------------------|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |