Complete top half of this form.

Names of people involved: ____________________________Grade__
_________________________Grade__
_________________________Grade__
_________________________Grade__

Description of the problem:______________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________

Referred by: ___ Self  ___ Teacher  ___ Administrator  ___ Counselor  ___ School Police Officer  ___ Another Student  ___ Other ____________________

Where conflict occurred:  ___ Classroom  ___ Hallway  ___ Cafeteria  ___ After School  ___ Other _______________

Person requesting mediation (optional):________________________________

Please return completed form to:______________________________________________

Referral Number:____________

Mediation is scheduled to occur at _________ on _________________ at the
(Time) (date)

following location:_____________________________________________________.
