

School Name
PEER MEDIATION PROGRAM
MEDIATION REQUEST - REFERRAL FORM

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: _____.