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:___________________________________________________.