

Referral Date: _____ Case # _____

Peer Mediation Referral Form

Do you want this referral to be kept confidential from disputants? Yes _____ No _____

Names of persons in conflict:

Where does (did) this conflict or disagreement occur?

_____ Bus _____ Hallway _____ Bathroom
_____ Cafeteria _____ Outdoors _____ Other (specify)
_____ Classroom _____ Gym/locker room

Brief description of the problem (optional):

Mediation referred by:

_____ Student _____ Parent _____ Other (specify)
_____ Teacher _____ Administrator _____ Counselor

Name of person making referral: _____

We will contact the above parties as soon as possible regarding mediation.

Notes:
