

Peer Mediation Referral Form

Name of person making referral _____
(Name will be kept confidential)

Place of conflict _____

Disputants (people in conflict):

Type of conflict:

Harassment (teasing, touching, insults, bullying, swearing & name calling)

Rumors/ Gossip

Put Downs

Verbal Fight

Physical Fight

Threats

Theft of personal property

Damage of personal property

Summarize the conflict:
