



Conflict Mediation Request Form

Date: _____

Time: _____

Place Where Event Occurred: _____

Students Involved:

Name: _____ Teacher: _____

Name: _____ Teacher: _____

Name: _____ Teacher: _____

Others: _____

Type of Conflict: (circle one)

Argument *Rumor* *Name-Calling* *Other:* _____

Signature of person making the referral: _____

*** Please turn this form into your counselor's mailbox. You will receive an appointment slip with the day and time your problem will be mediated. Thank you!