

Douglas MacArthur High School Mediation Referral

Today's Date _____

Name of person making referral _____

____ Student ____ Teacher ____ Administrator ____ Counselor ____ Parent

____ Other _____

Place of conflict: School _____ Other _____

People involved in the conflict: (First and Last Names Required)

1. _____ Grade ____ ID Number _____

2. _____ Grade ____ ID Number _____

Nature of conflict: Harassment Fight (Verbal) Fight (physical) Rumor/Gossip

Threats Put-downs Theft Damage to property Other, please specify:

Additional Information: _____

Please print and put in the STAN mail box.

For Peer Mediation Member Use

Mediation Scheduled:

Date _____ Time _____

Student Mediators _____

Adult Mediator _____