

## Peer Mediation Referral Form

<b>Referred by:</b>	<b>Date:</b>
<b>Names of People with Conflict(s):</b>	
<b>Date/Time the Conflict Occurred:</b>	
<b>Where the Conflict Took Place:</b>	
<b>Description of the Conflict:</b>	
<b>Type of Conflict:</b> <input type="checkbox"/> Verbal Harassment (name-calling, insults, etc.) <input type="checkbox"/> Nonverbal Harassment (dirty looks, gestures, etc.) <input type="checkbox"/> Physical Fighting (pushing, shoving, throwing objects, etc.) <input type="checkbox"/> Disruptive/Uncooperative Behavior (poor sportsmanship, poor classroom behavior, etc.) <input type="checkbox"/> Property/Money <input type="checkbox"/> Other: _____	
<i>(For Office Use Only)</i> <b>Mediators Assigned:</b> _____ <b>Date of Mediation:</b> _____	

SOURCE: Valley Park Middle School