

Peer Mediation Request

Names of Students in Conflict	Grade	HR #	Agreed to Mediation Yes/No

Type of Conflict (check one):

- Rumor Threat Name Calling Fighting
 Loss of Property Other (specify) _____

Where conflict occurred (check one):

- Bus Classroom Hallway Cafeteria
 Outdoors Other (specify) _____

Briefly described the problem:

Mediation requested by (check one):

- Student Teacher Counselor Administrator
 Other (specify) _____

Consequences if mediation is not successful? _____

Signature of person requesting mediation

Date