

Peer Mediation Request Form

Date _____

- Names of students involved in the conflict:

Name _____ Teacher/Grade _____

Name _____ Teacher/Grade _____

Name _____ Teacher/Grade _____

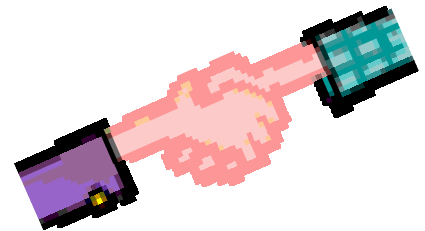
- Where did the conflict occur: (circle all that apply)

- Classroom
- Hallway
- Cafeteria
- Outside
- Other (specify) _____

- Briefly describe the conflict: _____

- Mediation requested by: (circle one)

- Student
- Teacher
- Principal
- Counselor
- Other (specify) _____



“I PROMISE TO TELL THE TRUTH, NOT INTERRUPT, NOT CALL NAMES, AND AGREE TO WORK ON THE PROBLEM. I AGREE TO “STAY COOL” UNTIL MEDIATION.”

Student signature _____