

Peer Mediation Request Form



Date _____

Names of students involved in the conflict:

_____ Grade _____
_____ Grade _____
_____ Grade _____

Where did the conflict occur: (Check all that apply)

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

Briefly describe the conflict:

Mediation requested by: (Check one)

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

Signature of person requesting mediation: _____