



PEER MEDIATION REQUEST

Person completing form: _____

Date: _____

Names of students in conflict:

Grade: _____
Grade: _____
Grade: _____
Grade: _____

Where the conflict occurred (check one):

Bus Classroom Hallway At Lunch Outdoors
 Other (specify) _____

Briefly describe what happened:

Mediation requested by (check one):

Student Teacher Counselor Administrator
 Other (specify) _____