



BKW
Peer Mediation Request Form

Today's Date: _____

Who is involved:

Name: _____

Grade: _____

Name: _____

Grade: _____

What is the conflict about?

Date students were notified of mediation referral:

***Person completing referral must notify students**

_____ **Date**

_____ **Initials**

For more information please contact (referral source): _____