

CPSD Mediation Services

REFERRAL FORM

Date: _____

Referring person's name (not required):

Student referred

Gender

Grade

Age

Relationship of Parties

Type of Dispute

Friends

Physical Fight

Boyfriend/girlfriend

Rumors

Acquaintances

Name Calling

Strangers

Stealing

Enemies

Threats

Relatives

Bullying

Classmates

Parent/Child

Teacher/Student

Please give a brief description of the dispute:

***Please deliver form to Chandra Banks, District Conflict Mediator, room 2110 Rindge Building of
CRLS or CBanks@CPSD.US / (617) 349-4945 or 617-217-8106***