

*CPSD Mediation Services*

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**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](mailto:CBanks@CPSD.US) / (617) 349-4945 or 617-217-8106***