



Denton High School Mediation Request Form



Date: _____

Person making request: _____

- Student Administrator Teacher Counselor
 Other: _____

Place of Conflict:

- School Other: _____

Disputant #1: _____

Name

ID#

- Student Administrator Teacher Counselor
 Other: _____

Disputant #2: _____

Name

ID#

- Student Administrator Teacher Counselor
 Other: _____

Other individual(s) involved: _____

- Student Administrator Teacher Counselor
 Other: _____

Type of Conflict:

- Harassment Fight (verbal) Fight (physical) Rumor/Gossip
 Threats Put-Downs Theft of personal property Staff/Student
 Student/Staff Damage to personal property
 Other: _____

Please indicate if the incident is: a first time occurrence a repeat occurrence ongoing

This section for PALS use only:

Mediation Scheduled:

Date: _____ Time: _____ Place: _____

Student Mediators: _____

Agreement Reached: Yes No

(attach copy of agreement form)