



COMMUNITY CONFERENCING PROJECT
Conflict Resolution Center of Baltimore County

GENERAL REFERRAL FORM

Program/Office: _____ Date of Referral: _____

Please provide complete contact information for principal parties below:

1st Individual Involved in Incident:

2nd Party or Individual affected:

Name _____

Name _____

Age/Grade _____

Age/Grade _____

School _____

School _____

Parent(s)/Guardian _____

Parent(s)/Guardian _____

Address _____

Address _____

Phone (Day) _____

Phone (Day) _____

(Eve) _____

(Eve) _____

*If additional Parties are involved in or affected by this incident, please provide ALL contact information on a separate page.

Date and place of incident or conflict situation: _____

Brief description of incident or situation, disciplinary action taken, etc: _____

Case contact/
Person making referral: _____ Phone number: _____

email: _____

PLEASE NOTE that in order to accept this case, someone familiar with this case needs to be available should further information be needed.

INSTRUCTIONS: To make a referral please fax completed referral form to:
ATTN: Community Conferencing Program (410) 663-7008.
Questions about the referral are welcomed at 410-663-7070.