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.