

Referral Form

1. Name of referring party: _____

2. Role or position of referring party: _____

3. Contact information for the referring party: _____

4. Date and time referral requested: _____

5. Nature of the conflict being referred: _____

6. Contact information for people involved in the conflict, include both phone and e-mail and best time to contact parties, if known:

First party: _____

Second party: _____

7. Do parties involved know that referral is being made? _____

8. Other methods used to resolve conflict: _____

9. Level of urgency: _____

10. Other important information: _____

