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**Restorative Justice Mediation Requisition Form**

**Name of School:** \_\_\_\_\_

**Contact Person and Number:** \_\_\_\_\_

**Names of Parties/Students:** \_\_\_\_\_

**Date of Incident:** \_\_\_\_\_

**Description of incident, including action that has been implemented:**

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**Any physical, mental, verbal or other limitations a party/student may have:**

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**Additional Comments:**

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