REQUEST FOR PEACEMAKING

| Your Name: Date: | |
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| | |
| What happened? | |
| Teasing or name-calling | Gossip |
| Bullying | Threats or aggression |
| Hitting, punching, kicking | Other: |
| Please explain and include names of everyb | oody involved: |
| | |
| What do you need to make it better? | |
| An adult should investigate further | Conversation with a caring adult |
| Private space to work it out with everybody involved | Circle or mediation with a facilitator |
| Other: | |