



CUMBERLAND
SCHOOL OF LAW
SAMFORD UNIVERSITY

Residence Life Mediation Program

Cumberland Community Mediation Center Referral Form

Type of Referral (Please indicate by marking one of the three boxes below.)

| | | | |
|----------------------|--------------------------|-------|-------------|
| Self – Referral | <input type="checkbox"/> | | |
| Resident Assistant | <input type="checkbox"/> | Name: | Email/Phone |
| Residence Life Staff | <input type="checkbox"/> | Name: | Email/Phone |

Date Conflict Identified

Date of Referral

| | | | |
|----------------|----------------|--------------|---------------|
| Student 1 Name | Residence Hall | Phone Number | Email Address |
|----------------|----------------|--------------|---------------|

| | | | |
|----------------|----------------|--------------|---------------|
| Student 2 Name | Residence Hall | Phone Number | Email Address |
|----------------|----------------|--------------|---------------|

For CCMC Staff Use Only

| | | | |
|---|----------|------------|------------|
| Date student 1 contacted: | | | |
| Date student 2 contacted: | | | |
| Was mediation agreed to by both students? | Yes | No | |
| <i>If yes, date mediation scheduled:</i> | | | |
| If rescheduled, dates: | | | |
| Mediator assigned: | | | |
| Location of mediation: | | | |
| Disposition: | Resolved | Unresolved | Continuing |

If RA or Residence Life Staff Referral:

| | | | |
|---------------------------------|-----|----|---------------|
| Residence Life Staff contacted: | Yes | No | If yes, name: |
| Date disposition reported: | | | |