



Fighting Back
Santa Maria Valley

RESOLVING CONFLICT CREATIVELY

REFERRAL FORM

TODAY'S DATE: _____

DATE OF OFFENSE _____

LAST NAME _____ FIRST NAME: _____ MI: _____

SCHOOL: _____ GRADE LEVEL: _____

SEX: ___ MALE ___ FEMALE

NAME OF PARENT _____ PHONE NUMBER _____

REFERRAL SOURCE (NAME/POSITION) _____

OTHER(S) INVOLVED/WITNESSES: NAME(S) _____

REASON FOR INTERVENTION:

___ 48900(A)(1) RELATED TO PHYSICAL INJURY TO ANOTHER PERSON

___ 48900(A)(2) RELATED TO USE OF FORCE OR VIOLENCE

___ 48900.2 SEXUAL HARASSMENT

___ 48900.4 HARASSMENT, THREATS, INTIMIDATION

___ OTHER:(PLEASE EXPLAIN OFFENSE)

SIGNATURE _____

PHONE NUMBER _____

Official Use Only ID# _____

PLEASE FAX TO: (805) 614-4192 FIGHTING BACK SANTA MARIA VALLEY ATTENTION: JAY
