

If this case involves fighting or sexual harassment please tell a facilitator immediately

Case # _____ Date Rec'd _____ Date Heard _____ Case Status _____

**JUDICIAL COMMITTEE / CONFLICT MANAGEMENT
REFERRAL FORM**

I / We _____ are writing up this form.

Please investigate (or call into conflict mediation) this person/these people:

(Include First and Last Name)

Rule(s) violated (list numbers): _____
(NOTE: If you do not list the rule(s) the case may be dismissed)

Witnesses: _____

When did this problem occur? Time: _____ AM PM Place: _____

Date: _____ Monday Tuesday Wednesday Thursday Friday

In your own words, what happened? _____

What did you try to do to correct the problem before filing this complaint? _____

Immediate Consequence—Sign Below indicating that you are guilty of this (these) charge(s).

X _____
Community Members reserve the right to refuse to sign above. The prosecutor does not need to get a signature.
If you are guilty you are encouraged to sign but this is not required.

Location of learner during JC Proceedings:

Session 1 _____ Session 2 _____ Session 3 _____ Session 4 _____

Judicial Clerk doing investigation: _____ Date: _____

Testimony of _____:

Testimony of _____:

Testimony of _____:

▶ **Guilty:** Sign Here: _____

I understand that by signing above the jury will assign a consequence.

▶ **No Contest:** Sign Here: _____

I understand that this means I am not contesting the charge of breaking a rule. I will accept the consequence as assigned.

▶ **Not Guilty:** Sign Here: _____

I understand this means JC may have to hold a trial to decide my guilt or innocence.

This community member has been found _____

Consequence:

Date to Serve:

JC CLERK IN CHARGE (sign here):
