



1601 Washington Road | Westminster, MD 21157 | carrollcc.edu

Community Conferencing Referral Form Carroll County Public Schools

Community Conferencing of Carroll County | 255 Clifton Blvd., Suite 311, Westminster, MD 21157
410-386-8161 | CCOCC@carrollcc.edu | wwood2@carrollcc.edu

Date of INCIDENT: _____ **Date of REFERRAL:** _____

Name of Person Making Referral: _____

Organization: _____ **Phone #:** _____

Type of Incident/Harm: _____

Place of Incident/Harm: _____

Name of Student: _____

Student's Date of Birth: _____ **Sex:** _____ **Race:** _____

Name of Parent/Guardian: _____

Address: _____

Work Phone #: _____

Home Phone #: _____

Cell Phone #: _____

Name of Victim #1: _____ **Name of Victim #2:** _____

DOB: _____ **Sex:** _____ **Race:** _____ **DOB:** _____ **Sex:** _____ **Race:** _____

Address: _____ **Address:** _____

Parent/Guardian: _____ **Parent/Guardian:** _____

Work Phone #: _____ **Work Phone #:** _____

Home Phone #: _____ **Home Phone #:** _____

Cell Phone #: _____ **Cell Phone #:** _____

For any additional names, please include additional sheets.

I have included the Incident/Discipline Referral.

Summary of Incident/Additional Information:

Return completed form to CCOCC@carrollcc.edu