



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

Community Conferencing Referral Form

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.

Summary of Incident/Additional Information:

Return completed form to CCOCC@carrollcc.edu