

REPORT OF VIOLATION OR INCIDENT

Reported by: _____

Today's date: _____

Name of Student: _____
Address: _____
Phone Numbers: _____ Date of Birth: _____
Parent/Guardian: _____

Briefly describe incident or violation: _____

Date of incident or violation: _____

Location of incident or violation: _____

Reported to: _____

Additional comments: _____

(Complete other side if violation of drug abuse occurred.)

Complete as REQUIRED by School District Policy

Situational Category: _____

Immediate Action: _____

Investigation: _____

Notification of Parents: _____

Notification of Police: _____

Disposition of Substance: _____

Discipline/Rehabilitation: _____

Additional comments or follow up: _____
