

**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: \_\_\_\_\_

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REFERENCE

3/95

Dickinson Public  
School District

Administrative Regulation

Issued: 12/15/98

Amended: 01/19/99, 07/01/07