

Utah's Safe and Drug-Free Schools Incident & Offense Reporting Form

Incident Tracking # _____

Incident Info	Incident Date (M/D/Y): _____ Time: _____ AM PM
	Was this incident gang-related? Yes No Unknown
	Was this incident related to bullying? Yes No Unknown
	Incident Location: _____ Name of Adult Witness: _____
Describe Incident: _____	

Offender / Victim Info	<i>This report is for:</i> Victim Offender (If for OFFENDER, also complete <i>Details of Offense and Action(s) Taken</i>)
	Status: Student At This School Student in District School Employee Other Unknown Student No.:
	Name: _____ Gender: Male Female
	Date of Birth: _____ Grade: _____ LEA: _____ School: _____
	Home Address: _____ City: _____ State: _____ Zip: _____
	Parent/Guardian: _____ Relationship to Offender: _____ Phone: _____
	Race/Ethnicity: White American Indian or Alaska Native Black or African American <i>(Select one)</i> Asian Native Hawaiian or Other Pacific Islander Hispanic or Latino
	Service Status: How is this student currently being served? Regular Ed. Regular Ed. with 504 Accommodations Special Ed.
	If Special Ed.: Placement: Resource Self-Contained Disability:
	Other Student Services: English Language Learner Youth in Custody
Gang Program: At the time of the incident, was this individual being served in a gang program? Yes No Unknown	

Details of Offense	Assault: Aggravated Assault* Simple Assault / Battery* Rape* Aggravated Sexual Assault* Forcible Sexual Abuse* Aggravated Sexual Abuse of a Child*																																				
	Alcohol/Drug: <i>Violation Type:</i> Distribution Possession / Use Resorting Alcohol Controlled Substance Uncontrolled Substance <i>See glossary for definitions</i> Tobacco Drug Paraphernalia Unknown Marijuana Other:																																				
	Other: Arson Threat / Intimidation Criminal Homicide* Criminal Trespass Burglary Disorderly Conduct Kidnapping Criminal Mischief <i>See glossary for definitions</i> Theft Dangerous Material Terroristic Threat Truancy Actual/Attempted Robbery* Sexual Offenses, Non-forcible Bullying as per LEA Policy Other:																																				
	Weapons Violation:																																				
	<table border="1"> <tr> <td></td> <td><i>Handgun*</i></td> <td><i>Rifle/Shotgun*</i></td> <td><i>BB/Pellet Gun</i></td> <td><i>Knife/Sharpened Edge</i></td> <td><i>Other Weapon, Firearm or Explosive Device</i></td> </tr> <tr> <td><i>Real</i></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><i>Look Alike</i></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><i>Used</i></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><i>Threatened Use</i></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><i>Possession</i></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		<i>Handgun*</i>	<i>Rifle/Shotgun*</i>	<i>BB/Pellet Gun</i>	<i>Knife/Sharpened Edge</i>	<i>Other Weapon, Firearm or Explosive Device</i>	<i>Real</i>						<i>Look Alike</i>						<i>Used</i>						<i>Threatened Use</i>						<i>Possession</i>					
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If Other Weapon, Firearm or Explosive Device, Describe: _____																																					
Is this a Gun-Free Schools Act Weapon Violation? Yes No																																					
History: First Offense Second Offense Third or More Offense																																					

Action(s) Taken	Immediate Actions	Parent Notified: <i>In Person</i> Date (M/D/Y): _____ <i>By Phone</i> (M/D/Y): _____ <i>In Writing</i> (M/D/Y): _____
		Parent Conference _____ (M/D/Y): _____
		Notified Director of Student Services _____ (M/D/Y): _____
		Suspended Pending Investigation/Hearing _____ (M/D/Y): _____ <i>No. of School Days:</i> _____
		In School Out of School with Services Out of School without Services
	Long-term Actions	Referred to Law Enforcement _____ (M/D/Y): _____
		<i>Dept:</i> _____ <i>Officer:</i> _____ <i>Case:</i> _____ <i>Charges:</i> _____
		Other: _____ (M/D/Y): _____ <i>No. of School Days:</i> _____ (if applicable)
		Suspension _____ (M/D/Y): _____ <i>No. of (Additional) School Days:</i> _____
		In School Out of School with Services Out of School without Services
Long-term Actions	Expelled* _____ (M/D/Y): _____ <i>No. of School Days:</i> _____	
	Referred to Program: _____ (M/D/Y): _____	
	Alternative Placement: _____ (M/D/Y): _____ <i>No. of School Days:</i> _____	
	Hearing Officer Removal _____ (M/D/Y): _____ <i>No. of School Days:</i> _____	
	Other: _____ (M/D/Y): _____ <i>No. of School Days:</i> _____ (if applicable)	

Signature of person completing form: _____ Title: _____ Date (M/D/Y): ___/___/___