

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

Incident Tracking # _____

Incident Info

Was this incident gang-related? Yes No Unknown Incident Date (M/D/Y): _____ Time: _____ am pm

Incident Location: _____ Name of Adult Witness: _____

Describe Incident: _____

Offenders	Student in district	Other child	School Employee	Other adult	Unknown	Total	Victims	Student in district	Other child	School Employee	Other adult	Unknown	Total
	Number of offenders								Number of victims				
First-time offenders (this school year)							First-time victims (this school year)						

Offender / Victim Information

Information below is for a(n): **Victim** **Offender (Fill in Details of Offense and Action(s) Taken in Sections Below)**

Status: Student at this school Student in this district School employee Other Unknown Student No.: _____

Name: _____ Gender: Male Female
(Last) (First) (Middle Initial)

Date of Birth: _____ Grade: _____ District: _____ School: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian: _____ Relationship to Offender: _____ Phone: _____

How is this student currently being served? Regular Education Regular Ed. with 504 Accommodation(s) Special Education

If SpEd student, list disability: _____ Resource Self-Contained Youth in Custody

Ethnicity: White American Indian or Alaska Native Black or African American Hispanic or Latino
 (Optional) Asian Native Hawaiian or Other Pacific Islander Other: _____

At the time of the incident, was this individual being served in a gang program? Yes No Unknown

Details of Offense

Assault: Aggravated Assault Sexual Assault (Forcible Sexual Offenses) Simple Assault / Battery

Alcohol/Drug: Type of violation: Distribution Possession / Use Resorting

Alcohol Controlled Substance (Methamphetamine, Cocaine, Heroin, unauthorized Prescription Drugs, etc.)
 Tobacco Uncontrolled Substance (Over-the-Counter, Inhalants, Look-alikes) Unknown
 Marijuana Drug Paraphernal Other: _____

Other: Arson Homicide Sexual Offenses, Non-forcible Truancy
 Burglary Kidnapping Terroristic Threat Vandalism or Property Damage
 Dangerous Material Larceny / Theft Threat / Intimidation Other (describe): _____
 Disorderly Conduct Robbery Trespassing / Loitering _____

Weapons Violation:

	Handgun	Rifle or Shotgun	Other Firearm or Explosive Device	BB or Pellet Gun	Knife or Sharpened Edge	Other Weapon
Real						
Look Alike						
Used						
Threatened Use						
Possession						

If other weapon or explosive device, describe:

History: First Offense Second Offense Third or More Offense

Action(s) Taken

Immediate Action(s)
 Parent Notified: In Person Date (M/D/Y): _____ Phone Date (M/D/Y): _____ Writing Date (M/D/Y): _____
 Parent Conference Date (M/D/Y): _____
 Notified Director of Student Services Date (M/D/Y): _____
 Suspended OISS OOSS pending investigation/hearing Date (M/D/Y): _____ Number of Days: _____
 Referred Student to Law Enforcement Date (M/D/Y): _____ Dept: _____ Officer: _____
 Case #, if issued: _____ Charges: _____
 Other: _____ Date (M/D/Y): _____

Long-term Outcome(s)
 ISS (In-School Suspension) Date (M/D/Y): _____ Number of (Additional) Days: _____
 OSS (Out-of-School Suspension) with services Date (M/D/Y): _____ Number of (Additional) Days: _____
 Expelled Student Date (M/D/Y): _____ Number of Days: _____
 Referred to Program: _____ Date (M/D/Y): _____
 Alternative Placement: _____ Date (M/D/Y): _____
 Other: _____ Date (M/D/Y): _____

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