

**YOUR SCHOOL NAME HERE**  
STUDENT HARASSMENT REFERRAL ACTION

**SAMPLE**

GENERAL INFORMATION									
Last Name:			First:			Grade:		Time of Incident:	
Date of Incident:					Date of Referral:				
Reported by:				Title of Reporter:			Location of Infraction:		
HARASSMENT REFERRAL ACTION									
<input type="checkbox"/> Harassment: _____					<input type="checkbox"/> Other Infraction: (Explain) _____				
<b>Description of Infraction:</b>									
ACTION(S) TAKEN BY TEACHER									
<i>** NOTE: PARENT MUST BE CONTACTED IN REGARD TO THIS INCIDENT BEFORE REFERRAL WILL BE PROCESSED.</i>									
<input type="checkbox"/> Parent Notification by phone: Date(s) _____					<input type="checkbox"/> Parent Notification by Letter: Date(s) _____				
<input type="checkbox"/> Previous Parental Notification(s) by Phone		Date/Time	Date/Time	Date/Time	<input type="checkbox"/> Parental Notification on this Incident		Date/Time	Phone #	Name of Parent Contacted
<input type="checkbox"/> Verbal Warning: Date(s) _____					<input type="checkbox"/> Conference with Student: Date(s): _____				
<input type="checkbox"/> Silent Lunch: Date(s) _____					<input type="checkbox"/> In-Class Displacement: Date(s): _____				
<input type="checkbox"/> Conference with Parents: Date(s) _____					<input type="checkbox"/> After-School Detention: Date(s): _____				
<input type="checkbox"/> Other Action(s):									
ADMINISTRATIVE ACTION									
<input type="checkbox"/> Consultation with Student in Office					Code of Conduct (C.O.C.) Information Given: <input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Warning Issued for Offense					Method: <input type="checkbox"/> Verbal <input type="checkbox"/> Written				
<input type="checkbox"/> Parent Notification Method		<input type="checkbox"/> Phone   Phone #: _____ Date: _____ Time: _____ Contact: _____			<input type="checkbox"/> Copy of Referral		<input type="checkbox"/> Letter <input type="checkbox"/> Student Delivery <input type="checkbox"/> 1 <sup>st</sup> Class <input type="checkbox"/> Certified Mail		
<input type="checkbox"/> In-School Suspension ( <b>ISS</b> )				No. of Days: _____			Inclusive Dates: _____		
<input type="checkbox"/> Out-of-School Suspension ( <b>OSS</b> )				No. of Days: _____			Inclusive Dates: _____		
<input type="checkbox"/> After-School Detention ( <b>ASD</b> )				No. of Days: _____			Inclusive Dates: _____		
<input type="checkbox"/> Saturday School ( <b>SS</b> )				Date: _____			NOTE: CC: Referral to SS Coordinator		
<input type="checkbox"/> Guidance Counselor Referral ( <b>GCR</b> )				Name of Counselor: _____			NOTE: CC: Referral to Counselor		
<input type="checkbox"/> Campus Police Referral				Officer #: _____			NOTE: See C.O.C. for Requirements		
<input type="checkbox"/> Other Action (Explain): _____									
<input type="checkbox"/> Harassment Consequences, reprisals, retaliation, or false accusations actions explained									
STUDENT SIGNATURE: _____					DATE: _____				
ADMINISTRATOR SIGNATURE: _____					DATE: _____				
PARENT SIGNATURE: _____					DATE: _____				