

# 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) _____
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### Description of Infraction:

### ACTION(S) TAKEN BY TEACHER

**\*\* NOTE: PARENT MUST BE CONTACTED IN REGARD TO THIS INCIDENT BEFORE REFERRAL WILL BE PROCESSED.**

<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: \_\_\_\_\_