## GENERAL INFORMATION

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First:</th>
<th>Grade:</th>
<th>Time of Incident:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Incident:</th>
<th>Date of Referral:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Reported by:</th>
<th>Title of Reporter:</th>
<th>Location of Infraction:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

## BULLYING REFERRAL ACTION

- Bullying: [ ]
- Other Infraction: (Explain) [ ]

**Description of Infraction:**

<table>
<thead>
<tr>
<th>[ ] Parent Notification by phone: Date(s):</th>
<th>[ ] Parent Notification by Letter: Date(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date/Time</td>
<td>Date/Time</td>
</tr>
<tr>
<td>Date/Time</td>
<td>Date/Time</td>
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<td>Date/Time</td>
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</table>

**Note:** Parent must be contacted in regard to this incident before referral will be processed.

- [ ] Verbal Warning: Date(s): [ ]
- [ ] Conference with Student: Date(s): [ ]
- [ ] Verbal Warning: Date(s): [ ]
- [ ] Conference with Student: Date(s): [ ]

## ACTION(S) TAKEN BY TEACHER

## ADMINISTRATIVE ACTION

- [ ] Consultation with Student in Office
- [ ] Warning Issued for Offense
- [ ] Parent Notification Method
  - [ ] Phone: Phone #: [ ]
  - Date: [ ]
  - Time: [ ]
  - Contact: [ ]

- [ ] In-School Suspension (ISS)
- [ ] Out-of-School Suspension (OSS)
- [ ] After-School Detention (ASD)
- [ ] Saturday School (SS)
- [ ] Guidance Counselor Referral (GCR)
- [ ] Campus Police Referral
- [ ] Other Action (Explain):

**Code of Conduct (C.O.C.) Information Given:** [ ] Yes [ ] No

- [ ] Verbal
- [ ] Written
- [ ] Copy of Referral
- [ ] Letter
  - Student Delivery
  - 1st Class
  - Certified Mail

**In-School Suspension (ISS):**
- No. of Days: [ ]
- Inclusive Dates: [ ]

**Out-of-School Suspension (OSS):**
- No. of Days: [ ]
- Inclusive Dates: [ ]

**After-School Detention (ASD):**
- No. of Days: [ ]
- Inclusive Dates: [ ]

**Saturday School (SS):**
- Date: [ ]
- Inclusive Dates: [ ]

**Guidance Counselor Referral (GCR):**
- Name of Counselor: [ ]
- Inclusive Dates: [ ]

**Campus Police Referral:**
- Officer #: [ ]
- Inclusive Dates: [ ]

**Other Action (Explain):**

- Bullying Consequences, reprisals, retaliation, or false accusations actions explained

**STUDENT SIGNATURE:** ________________________ **DATE:** ________________________

**ADMINISTRATOR SIGNATURE:** ________________________ **DATE:** ________________________

**PARENT SIGNATURE:** ________________________ **DATE:** ________________________