

JCDAG-1 - STUDENT HARASSMENT REFERRAL ACTION FORM

GENERAL INFORMATION

Last name: _____ First: _____

Grade: _____ Time of incident: _____

Incident reported by: _____ Location of Incident: _____

HARASSMENT REFERRAL ACTION

Harassment: _____

Other Infraction (Explain) _____

ADMINISTRATIVE ACTION

Consultation with student in office Date: _____

Warning issued for offense Method: Verbal _____ Written _____

Parent Notification Method: Meeting Phone: Phone number: _____

Date: _____ Time: _____ Contact: _____

In-School Suspension Number of days _____ Date(s) _____

Out-of-School Suspension Number of days _____ Date(s) _____

After-School Detention Number of days _____ Date(s) _____

Guidance Counselor Referral Date: _____

Other Action taken: _____

Student Signature: _____ Date: _____

Administrator Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Adopted: June 10, 2010