## NJSBA POLICY SERVICES FILE CODE: 5131 Monitored Mandated **Exhibit Other Reasons CONFIDENTIAL INTERNAL DOCUMENT CONFIDENTIAL INTERNAL DOCUMENT** SCHOOL: STUDENT CONDUCT INCIDENT REPORT The Student Conduct Incident Report Form shall be completed for serious violations of the student code of conduct or unacceptable student conduct. This form shall be filed in reporting conduct incidents involving students enrolled in the district, whether in attendance or assigned to an alternate location. Date of Incident: Time of Incident: Date/Time Known to Staff: Date/Time Reported to Supervisor:\_\_\_\_\_ Provision(s) of Code of Student Conduct violated: Specific Location of Incident: Name(s) of Employee(s) Involved: (Use additional pages if needed) Title Phone Number (Last) (First) (Last) (First) Title Phone Number Phone Number (First) Title (Last) Name(s) of Student(s) Involved: (Use additional pages if needed) Age/grade\_\_\_\_\_ Sex\_\_\_\_ (First) (Last)

Age/grade\_\_\_\_\_

\_\_\_ Age/grade\_\_\_\_\_

(Last)

(Last)

(First)

(First)

Sex

Sex

Description of the Incident:		
Personal Injuries: Yes No If Yes, Describe:		
Treated By: (Name of Physician and/or Hospital)		
Police Notified: Yes No If Yes, Name of Officer(s) and Police Department:		
Fire Department Notified: Yes No If Yes, Name of Officer(s) and Fire Department:		
DCP&P Notified: Yes No If Yes, Name of Social Worker(s) and Contact Information:		
EMS Notified: Yes No If Yes, Name of EMT(s) and Hospital:		
Eyewitnesses to the Incident: (Name/Title)		
Property Damage: Yes No If Yes, Describe:		
Additional		
Comments:		
Follow-up		
No Further Follow-up Report Necessary		
Follow-up Report Forthcoming		

The Following Action Is Recommend/Planned		
Name/Title of Person Reporting Incident	Telephone Number with Area Code	
Name/Title and Telephone Number of Supervisor Who Can	Be Contacted for Additional Details	
c: Supervisor, Principal		