|  |  |  |  |
| --- | --- | --- | --- |
| School Name: |  | | |
| School Address: | Street, City, ZIP Code | Contact Number: | [Contact No] |

**Student Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name: |  | | |
| Grade/Class: |  | Student ID: |  |
| Date of Incident: |  | | |

**Incident Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Reported by: |  | | |
| Location of Incident: |  | | |
| Type of Incident: | ☐ Disruptive Behavior | ☐ Bullying/Harassment | ☐ Academic Dishonesty |
| ☐ Physical Altercation | ☐ Verbal Abuse | ☐ Property Damage |
| ☐ Other (specify): | | |
| Description of Incident: |  | | |
|  | | |
|  | | |

**Disciplinary Action Taken**

|  |  |  |  |
| --- | --- | --- | --- |
| Action Date: |  | | |
| Type of Action: | ☐ Verbal Warning | ☐ Written Warning | ☐ Parent/Guardian Notification |
| ☐ Detention | ☐ Suspension (Duration: |  |
| ☐ Expulsion | ☐ Other (specify): | |
| Action Details: |  | | |
|  | | |

**Parent/Guardian Notification**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Contacted by: |  | |  | |  | |
| Contact Method: | ☐ Phone | ☐ Email | | ☐ In-Person Meeting | | ☐ Letter Sent Home |
| Parent/Guardian Response: |  | | | | | |
|  | | | | | |

**Follow-Up Plan**

|  |  |  |  |
| --- | --- | --- | --- |
| Additional Support or Counseling Needed: | | ☐ Yes ☐ No | If yes, specify: |
| Behavior Monitoring Period: |  | Next Review Date: |  |
| Comments/Notes: |  | | |
|  | | |
|  | | |

**Signatures**

|  |  |  |
| --- | --- | --- |
| Teacher/Staff Signature: |  | **Date:** |
| [DD/MM/YYYY] |
| Administrator Signature: |  | **Date:** |
| [DD/MM/YYYY] |
| Parent/Guardian Signature: |  | **Date:** |
| [DD/MM/YYYY] |