

# Discipline Incident Form

## Gadsden County Public Schools

\_\_\_\_\_  
School

Student #	Student name	Date	Time	Officer #	Reported by	Location
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**Incident Codes:**

- AR Arson
- AS Assault, Personnel/Student
- AU Alcohol, Using/ Possession
- BA Battery, Personnel/Student
- BE Breaking & Entering/Burglary
- BU Bullying, Cyber/Physical/Verbal
- DE Defiance/Disrespectful
- ID Disruptive, Classroom/Bus
- DC Disruption on Campus/Major
- DI Driving Infraction
- DU Drugs, Use/Sale/Possession
- ED Electronic Device, School/Bus
- EX Extortion
- FI Instigating a Fight
- FO Fighting

Please check the appropriate infraction and circle the action/category if needed

- FR Failure to Report as Assigned
- HA Harassment, Physical/Sexual/Verbal
- HP Horse-playing, Campus/Bus
- I1 Inappropriate, Behavior/Clothing/Gesture/Language
- I2 Indecent Exposure
- LS Leaving School Grounds/Activity/Class
- OD Defacing/Destroying Property, School/Student
- SX Sexual, Act/Activity/Battery
- SG Stolen Goods, Possession
- T1 Threat, Property/Student/Personnel
- TL Theft, Personnel/School/Student
- TO Tobacco, Using/Possession
- TP Trespassing on School Campus/Activity
- VA Vandalism
- WF Weapon, Possession/Use

**Detailed Information:**

- A. More Serious  B. Less Serious   
 Drugs: M- Marijuana  N- Non Controlled Substance   
 Incident needs to be reported to Law Enforcement:  yes or  no

- Weapon: Description \_\_\_\_\_  
 # of weapons \_\_\_\_\_  
 Student in possession of weapon(s) Yes  No   
 Student arrested: Yes  No

Comments: \_\_\_\_\_

**Parental Contact**  
**Parent Notification:**  Personal Contact  Phone Message  Written Communication  
**Name of Parent/Guardian:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Notes:**  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
Administrative Use Only

**Administrative Disposition:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> BR Bus Suspension             | <input type="checkbox"/> DJ Placed in Time-Out  | <input type="checkbox"/> DS Saturday Detention     |
| <input type="checkbox"/> BS Ban from School Activities | <input type="checkbox"/> DK Require Restitution | <input type="checkbox"/> EX Recommending Expulsion |
| <input type="checkbox"/> DA Changed Assignment         | <input type="checkbox"/> DN Assigned Detention  | <input type="checkbox"/> IS In-School Suspension   |
| <input type="checkbox"/> DG Referred to Guidance       | <input type="checkbox"/> DO Work Detail         | <input type="checkbox"/> LP Alternative Placement  |
| <input type="checkbox"/> DH Conference w/ Student      | <input type="checkbox"/> DP Parent Conference   | <input type="checkbox"/> OS Suspension from School |

**Number of Days:** \_\_\_\_\_ **Beginning Date:** \_\_\_\_\_ **Return Date:** \_\_\_\_\_

**SWD Student:** If the student has received more than ten days of suspension during the current school year a manifestation meeting is required within 10 days.  
 Please check, if you sent notification to the Director of Exceptional Student Education. (All suspensions requires notification.)

**Comment:** \_\_\_\_\_

Action by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Witness: \_\_\_\_\_

Principal / Asst principal / Dean: \_\_\_\_\_

Copies: White-Parents    Canary-Teacher    Pink-Office    Gold-Bus Driver