

# INCIDENTS LEADING TO DISRUPTION OF SCHOOL FUNCTION (DOSF)

(Class III - Major Offenses)

**Please complete and fax this form to Jane Butler @ 875-3193 immediately after each incident.**

SCHOOL:	Date and Time of Incident:
TYPE OF OFFENSE: <i>(i.e., fighting, threatening, harassing, page 26 in Code of Conduct)</i>	
Injuries requiring medical attention and/or community law enforcement: <i>Brief details</i>	
Name(s) of students/individuals involved:	
Location of incident: <i>(bus, bus ramp, cafeteria, classroom, hallway, courtyard, etc.)</i>	If a student, were parents contacted? _____ YES  <span style="float: right;">_____ NO</span>

NOTE: Please make sure student accident forms are also completed.

\_\_\_\_\_  
Principal's Signature