



School Conduct Report

For directions on converting this document into a fillable form (so you can customize it and complete it electronically) go to: http://dedoe.schoolwires.net/cms/lib09/DE01922744/Centricity/Domain/274/School_Conduct_Fillable_Referral_Form.pdf

Incident Details

Building Name: _____ Location: _____
School Year: _____ Date: _____ Time: _____ Reported BY: _____ Reported TO: _____
Incident related to: Age Ancestry Creed Disability Dating Violence Gender Identity/Expression Gangs
Hate Crimes Marital Status National Origin Peer Attention Physical Appearance
Race/Color Religion Socioeconomic Status Other
Description of Incident: _____

Offender Details

Student Offender #1: (Click Here: [Offense Code Listing](#))
Student's Name: _____ State Student ID: _____ Grade: _____ Sex: Male Female Race: _____
Offense #1: _____ Offense #2: _____ Offense #3: _____ Offense #4: _____
Disciplinary Action: (Click Here: [Action Code Listing](#))
Action #1: _____ Action #2: _____ Action #3: _____ Action #4: _____
Offender Notes: _____

Student Offender #2:
Student's Name: _____ State Student ID: _____ Grade: _____ Sex: Male Female Race: _____
Offense #1: _____ Offense #2: _____ Offense #3: _____ Offense #4: _____
Disciplinary Action:
Action #1: _____ Action #2: _____ Action #3: _____ Action #4: _____

NON-Student Offender #1 (if applicable):
Name: _____ Offender Type: _____ Sex: Male Female Race: _____
Address: _____ Phone: _____
Offense #1: _____ Offense #2: _____ Offense #3: _____

Police & Parent/Guardian Notification

Reported to Police: Yes No Date Reported: _____ P.Dept Name: _____
Officer's Name: _____ Complaint #: _____
Police Action: Arrest Exceptionally Cleared No Arrest Made Summons Issued
Parent/Guardian Notified: Yes No P/G Name: _____ Notify Date: _____ How Notified: _____

Victim Information

Name: _____ State ID (if student): _____ Victim Type (if non-student): _____ Race: _____ Sex: M F
Parent/Guardian Notified: Yes No P/G Name: _____ Notify Date: _____ How Notified: _____

Witnesses

Name: _____ State ID (if student): _____ Victim Type (if non-student): _____ Race: _____ Sex: M F

Filing of Report

Name of Administrator Filing Report: _____ Name of Person Entering Data If Other than Administrator: _____
Phone Number: _____ Date: _____ Follow-Up Required: Yes No

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All reports should be filled electronically through *eSchoolPlus*. If this is not possible, contact **Melvin D'Souza** at (302)857-3320 or at melvin.dsouza@doe.k12.de.us within 5 working days of the incident per Title 14, *Delaware Code*, §4112 & DOE Regulation 601.