

MISCONDUCT REPORT

SCHOOL: _____ STUDENT/OFFENDER NAME: _____
Last *First*

UNIT NUMBER: _____ Student ID Number: _____

Misconduct No: _____ Date: _____ Time: _____
AM *PM*

Non CPS Student

Incident Report Number: _____

ACCIDENT REPORT COMPLETED: Yes No

GANG RELATED: Yes No

DISCIPLINARY ACTION TAKEN:

- Teacher/Student Conference
- Teacher/Student/Parent Conference
- Teacher/Student/Parent/Res/Adm Conference

Area where misconduct occurred:

(Check one) Classroom Halls Bus Washroom

Out-of-School Other _____

In-school Suspension _____ Days

Suspension _____ Day

NOTE: NUMBER OF DAYS MUST BE STATED

Disciplinary Reassignment

Hearing/Conference Date: _____

Participants: _____

Police Notification

Arrest: P.D. RD. # _____

Report completed by: _____ Expulsion
Suspension Homework Assigned by: _____ APPROVED BY: _____

DEAR PARENT OR GUARDIAN:
NAME: _____ Chicago, IL, 606 _____ DATE: _____
ADDRESS: _____
In accordance with the provisions of the Rules of the Board of Education as authorized by the Illinois School Code _____
_____, a student in this school residing at _____
Age: _____ Grade: _____ Room/Division: _____ has been suspended from school this day for a period of _____
school days until the opening of school on _____. The cause of this action is listed above. You are invited to attend a
conference regarding this suspension. Please call me at _____ to discuss this matter.

NOTE: _____ Sincerely,

Principal

Telephone Number _____

SPECIAL EDUCATION STUDENT ONLY: _____ total days suspended this year.
THE REGIONAL EDUCATION OFFICER OF REGION NUMBER _____ WHOSE OFFICE IS LOCATED AT: _____
HAS BEEN NOTIFIED OF THIS SUSPENSION