



**MONROE #1 BOCES
VIOLENT AND DISRUPTIVE INCIDENT REPORT**

Date & Time:		Program:		Administrator:	Reporting Person:
Check Category	Incidents Involving Physical Injury or the Threat of Injury, with or without the Use of a Weapon	Weapon Used?	Drugs or alcohol involved?	On school transportation?	
	1. Homicide				
	2. Sexual Offenses				
	2.1 Forcible Sex Offenses				
	2.2 Other Sex Offenses				
	3. Robbery				
	4. Assault with Serious Physical Injury				
	5. Arson				
	6. Kidnapping				
	7. Assault with Physical Injury				
	8. Reckless Endangerment				
	9. Minor Altercations				
	10. Intimidation, Harassment, Menacing, Or Bullying (Verbal)				
	11. Burglary				
	12. Criminal Mischief				
	13. Larceny, or Other Theft Offense				
	14. Bomb Threat				
	15. False Alarm				
	16. Riot				
	17. Weapons Possession				
	17.1 Weapons Confiscated Through Routine Security Checks at Building Entrances				
	17.2 Weapons Found Under Other Circumstances				
	18. Drug use, Possession, or Sale				
	19. Alcohol Use, Possession, or Sale				
	20. Other Disruptive Incidents				
	Other				

Check all that apply. Report duration in school days.

Consequences		√	Duration in school days
j. Counseling or Treatment Programs			
k. Teacher Removal (Section 3214 Ed. Law)			
l. Suspension from Class or Activities			
m. Out-of-School Suspension			
n. Transfer to Alternative Education Program			
o. Referred to Law Enforcement or Juvenile Justice System			
None of the above			
911 Notified? By Whom?	Yes No	Parent/Guardian Notified? By Whom?	Yes No
Victims (Check all that apply)		Suspects (Check all that apply)	
_____ Student Grade _____ Age _____ _____ School Personnel Position _____ _____ Other (Include Unknown)		_____ Student Grade _____ Age _____ _____ School Personnel Position _____ _____ Other (Include Unknown)	



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People Involved In Incident (Title: S – Student, P – Personnel, O – Other)

NAME

TITLE

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Incident Description **If a restraint was used, please include details.**

Comments

Code of Conduct Section #:
Police CR # (if applicable):
Additional Comments:

_____ Check if the incident was an alleged incident of intimidation, harassment, menacing, or bullying of students or staff reported to the school principal or other school administrator responsible for student discipline by any source, such as a staff member, student, parent, or other concerned citizen, and the incident was not reported under category 10. (Incident type 10)

Weapon Type (Check all that apply)

Handguns	Knives
Rifle/Shotgun	Chemical/Biological Agents
Other Firearm	Other Weapons _____

Incident Was (Check all that apply)

Gang Related
Bias Related

Reporter

Reviewed By

Revised: 1/14/10