DEPORTMENT CHARGE FORM

Submitted By:_____

Telephone No._____

Names of Student(s) Involved and SSN's if Available:_____

The Specific Code of Conduct Allegedly Violated:_____

Place and Date of Incident:_____

Witness(es) to the Incident:_____

Description of Incident:_____

Description of Incident (continued):

Desired Solution:

Any Action Already Taken Under Emergency Procedures, if Applicable:

Please complete this form and return to Jackie Pettiford

2/07/02