



Gang-Related Incident Investigation Form

Department of Student Services • MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

MCPS Form 230-38
August 2011
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This form is to be confidentially maintained in accordance with the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g.

School Personnel Completing Form _____ Position _____

Today's date ____/____/____ School _____

Person Reporting Incident (From reporting form) Name _____

Telephone _____ - _____ - _____ E-mail _____

Place a ✓ in the appropriate box:

Student Student (witness/bystander) Parent/guardian School staff member Other _____

1. Name of student victim _____ ID # _____ Age _____ Grade _____
(Please print)

Days absent due to incident _____

2. Name(s) of alleged offender(s) (If known). <i>(Please print)</i>	Age	School (if known)	Is he/she a student?	Days Suspended Due to Incident
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Total number of alleged offenders				

INVESTIGATION

3. What actions were taken to investigate this incident? (choose all that apply)?

- Interviewed student victim
- Interviewed alleged offender(s)
- Interviewed witnesses
- Witness statements collected in writing
- Interviewed school nurse/health technician
- Reviewed any medical information available
- Interviewed teachers/counselors and/or school staff
- Interviewed student victim's parent/guardian
- Interviewed alleged offender's parent/guardian
- Examined physical evidence
- Conducted student record review
- Obtained copy of police report
- Other (specify) _____

4. Why did the incident occur? _____

a. Is the victim in danger of retaliation? Yes No

b. Was this reported as a Serious Incident? Yes No

If yes Date ____/____/____ Submitted by _____

5. What corrective actions were taken in this case (choose all that apply)?

- | | |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> None were required | <input type="checkbox"/> Notified law enforcement |
| <input type="checkbox"/> None, the incident did not warrant any corrective action | <input type="checkbox"/> Offender arrested |
| <input type="checkbox"/> Student conference | <input type="checkbox"/> Offender detained |
| <input type="checkbox"/> Student warning | <input type="checkbox"/> Offender referred to Alternative Program |
| <input type="checkbox"/> Letter of apology | <input type="checkbox"/> Restitution made |
| <input type="checkbox"/> Mediation | <input type="checkbox"/> Community Service |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Multi-party dispute resolution |
| <input type="checkbox"/> Parent letter | |
| <input type="checkbox"/> Parent phone call | |
| <input type="checkbox"/> Parent conference | |
| <input type="checkbox"/> Detention | |
| <input type="checkbox"/> In-school suspension | |
| <input type="checkbox"/> Out-of-school suspension/expulsion | |
| <input type="checkbox"/> Other (specify) _____ | |

6. Additional pertinent information gained during the interview _____

7. Investigator notes, if any: _____

Signature Date