

**SPECIAL INVESTIGATIVE UNIT
IMMEDIATE NOTIFICATION FORM (NON-PERSONNEL)**

Complete form for all serious incidents, property loss/damage and FAX to SIU at 765-6739

REPORTING INFORMATION

School/Site _____ Incident Code _____
Telephone # _____ TERMS Event # _____
Area ___ N ___ NC ___ S ___ SC Date of Incident _____ Time of Incident _____
Principal/Administrator _____ Incident Occurred ___ On Campus ___ Off Campus
Name of Complainant _____
_____ Student _____ Employee _____ Parent _____ Other

GANG RELATED ___ YES ___ NO _____ REQUIRES FURTHER INVESTIGATION

Criteria for further investigation of whether an incident is gang related to include: (Mark all that apply.)

- ___ Any incident committed by a documented gang member or associate;
- ___ Any fight, assault or incident involving weapons;
- ___ Any student suspected of association with a gang member;
- ___ Any incident involving recruitment of students into gang membership;
- ___ Any student involved in a criminal act wearing gang attire; and
- ___ Any gang graffiti or other gang indicators.

DETAILS OF INCIDENT

Victim(s):	Grade	R	S	DOB	PH#
Name _____ SID _____	_____	_____	_____	_____	_____
Name _____ SID _____	_____	_____	_____	_____	_____
Suspect(s):					
Name _____ SID _____	_____	_____	_____	_____	_____
Name _____ SID _____	_____	_____	_____	_____	_____

(Please use additional sheets if necessary.)

Describe Incident/Injuries:

Describe Property Loss/Damage:

Police Notified ___ Yes ___ No Police Agency _____ Report # _____

Paramedics ___ Yes ___ No

Signature of Reporting Administrator _____

SIU OFFICE USE ONLY

Investigation Assigned By: _____ Date _____

Investigator Assigned: _____

Final Incident Determination: _____