

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

Complete form for all serious incidents, property loss/damage and FAX to SIU at (754)321-0930

**REPORTING INFORMATION**

School/Site \_\_\_\_\_ Type of Incident \_\_\_\_\_  
 Telephone # \_\_\_\_\_ TERMS Event # \_\_\_\_\_  
 Area \_\_\_ N \_\_\_ C \_\_\_ S 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.

- \_\_\_ An 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 indicia.

**DETAILS OF INCIDENT**

Victim(s):	Grade	R	S	DOB	PH#
Name _____ SID _____	_____	___	___	_____	_____
Name _____ SID _____	_____	___	___	_____	_____
<b>Suspect(s):</b>					
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 Fire Agency \_\_\_\_\_

Signature of Reporting Administrator \_\_\_\_\_

**SIU OFFICE USE ONLY**  
 Investigation Assigned By: \_\_\_\_\_

Date: \_\_\_\_\_

Investigator Assigned: \_\_\_\_\_

Final Incident Determination: \_\_\_\_\_