## Charles County Public Schools GANG-RELATED INCIDENT REPORTING FORM

<u>Directions</u> : This is a form to report alleged gang activity and similar or report gang activity and similar destructive or illegal group behavior gang activity and similar destructive or illegal group behavior which Gang: "Criminal Gang" means a group or association of three (1) individually or collectively engage in a pattern of criminal ga (2) have as one of their primary objectives or activities the com underlying crimes if committed adults; and (3) have in common an overt or covert organizational or comma	or who are victir occurred on sch or more persor ang activity; mission of one	ns, witnesses, by ool property, on s ns whose membe	standers, or others ichool buses, or at ers:	with reliable info school-sponsore	rmation about an act of d events.
Gang Activity: "Pattern of criminal gang activity" means the co more underlying crimes or acts by a juvenile that would be an u (a) Activities on or near school vehicles or property. – A persor of physical force or violence to coerce, induce, or solicit the ind school vehicle, as defined under §11-154 of the Transportation school, secondary school, or county board of education and us (b) Applicability. – Subsection (a) of this section applies whethe was being used for purposes other than school purposes at the	underlying crim n may not threa dividual to part Article; or (2) i sed for element er or not : (1) se	he if committed k iten an individua icipate in or prev n, or within 1,00 ary or secondar chool was in ses	by an adult. I, or a friend or fa vent the individua feet of real prope y education.	mily member of I from leaving a rty owned or lea	an individual with use criminal gang: (1) in a sed to an elementary
Today's date: / / / / /		School:			
Month Day Year		School Sv	stem: Charles	County Put	olic Schools
		<b>,</b>	<u> </u>	<b>_</b>	
PERSON REPORTING INCIDENT	Name:				
Telephone:	E-mail:				
Place an <b>X</b> in the appropriate box:  Student	Student (	Witness/Byst	ander) 🛛 So	chool Staff	
Other					
1. Name of student victim:		Age: (Please print)			
2. Name(s) of alleged offender(s) (If known): (Please Is he/she a student? (if known)	se print)	Age	School		
Yes No					
Yes No					
□ Yes □ No					
3. On what date(s) did the incident happen?	1	1		1	1
3. On what date(s) did the incident happen?	/ / Day	/ Year	Month	// Day	Year
//	/ / 	/ Year	Month	// Day	Year
Month Day Year Month	/ / Day	Year	Month	// Day	Year

5. Where did the incident occur (choose all that apply)?	
<ul> <li>On school property</li> <li>On a school bus</li> <li>At a school-sponsored activity or event off school property</li> <li>On the way to/from school*</li> <li>*Will be collected unless specifically excluded by local board policy</li> </ul>	
6. What did the alleged offender(s) say or do?	
(Attach a separate sheet if necessary)	
7. Why did the activity occur?	
(Attach a separate sheet if necessary)	
8. Did a physical injury result from this incident? Place an <b>X</b> next to one of the following:	
□ No □ Yes, but it did not require medical attention □ Yes, and it required medical atter	ntion
9. If there was a physical injury, do you think there will be permanent effects?	
10. Was the student victim absent from school as a result of the incident?	
<ul> <li>11. Did a psychological injury result from this incident? Place an X next to one of the following:</li> <li>No</li> <li>Yes, but psychological services have not been sought</li> <li>Yes, and psychological services have been sought</li> </ul>	
12. Is there any additional information you would like to provide (e.g. name of gang, clique, crew, or group, if known)?	
(Attach a separate sheet if necessary)	
Signature: Date:	-