

Student Safety Violation Report

Rev: 5.15.23

Student Name: _____ Grade: _____ School: _____

Bus# _____ Date of Incident: _____ Approximate Time: _____ AM or PM

Driver Name: _____

Driver Initiated Attempts to resolve, circle all that have been utilized:
 Verbal Direction Change of Seat Met with Student Other: _____

Statement of Misconduct

Check off the Applicable Boxes that best describe the student Violation

A	<input type="checkbox"/> Standing while bus is moving <input type="checkbox"/> Not Seated Safely <input type="checkbox"/> Improper Crossing	<input type="checkbox"/> Obstructing Aisle <input type="checkbox"/> Excessive Noise <input type="checkbox"/> Inappropriate Language/Gestures <input type="checkbox"/> Problem w/ Peers	<input type="checkbox"/> Eating/Drinking <input type="checkbox"/> Taking Pictures/Video Recording <input type="checkbox"/> Delaying of Bus, explain below
B	<input type="checkbox"/> Horseplay, Spitting, Biting, Pushing, Tripping <input type="checkbox"/> Throwing objects	<input type="checkbox"/> Vandalism <\$100 (restitution req) <input type="checkbox"/> Theft <input type="checkbox"/> Tampering w/ bus equipment	<input type="checkbox"/> Verbal Confrontation <input type="checkbox"/> Danger Zone Violation
C	<input type="checkbox"/> Fighting/Assault <input type="checkbox"/> Interfering w/ Driver <input type="checkbox"/> Vandalism >\$100 (restitution required to continue bus service)	<input type="checkbox"/> Tobacco/Vaping (use or possession) <input type="checkbox"/> Throwing Objects & Hitting Others <input type="checkbox"/> Laser/Strobe Lights <input type="checkbox"/> Sexual Harassment	<input type="checkbox"/> Threat to staff/student <input type="checkbox"/> Restricted Items/Materials <input type="checkbox"/> Racial Slur/Comments <input type="checkbox"/> Bullying
D	<input type="checkbox"/> Alcohol (Use or Possession) <input type="checkbox"/> Full/Partial Nudity <input type="checkbox"/> Possession of Illegal Substances, including drugs	<input type="checkbox"/> Intentionally Injuring or acts to Another Person <input type="checkbox"/> Action Leading to a Bus Accident <input type="checkbox"/> Bomb Threat	<input type="checkbox"/> Weapons/Prohibited Items (Use or Possession) <input type="checkbox"/> Sexual acts

Narrative of incident (attach additional paper if more room is needed)

Official Use Only

Date Received: _____ Time: _____

Video: No or Yes Requested by: _____

Notes:

Final Action

___ Parent Call ___ Warning ___ Bus Suspension: _____ - _____
of Days Start Date End Date May Resume Riding Date

Drivers - Keep pink copy. Submit completed white and yellow document to the school official.
Schools - Return yellow copy back to Transportation Office after action has been taken or email to stafftransporttion@cpsk12.org.