

Jordan School District  
**Suspension To A District-Level Hearing Narrative**

Date of Incident:

Approximate Time of Incident:

Place of Incident:

Students Involved in Incident:

Describe the Incident (Be specific):

Please include (if applicable) original witness statements. These need to be **written** in pen. Pencil copies are poor at best. In the case of an assault, be sure to include a statement from the victim. (Please attach additional sheets as necessary)

Please attach picture (if applicable) of weapon, items or articles that pertain to the suspension.

\_\_\_\_\_  
Signature of Assistant Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date