

## Suspension To A District-Level Hearing Narrative

Date of Incident:

Approximate Time of Incident:

Place of Incident:

Student(s) Involved in Incident:

Victim(s) of Incident:

Describe the Incident (Be specific):

Please include (if applicable) original witness statements. **Statements must be written in ink.** In the case of an assault, be sure to include a statement from the victim. (Attach additional sheets as necessary.)

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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date