STATE OF HAWAI'I

Ke Ana La'ahana

Public Charter School

REFERRAL FORM

Student Referred:

_____

Last Name First Name

Incident Date: _____

Incident Time: _____

Incident Location: _____

Grade: _____ Period: _____

Contacted _____ Left Message _____

Contact:

Name: _____

Relationship:_____

Time: _____

DESCRIPTION OF INCIDENT BY PERSON SUBMITTING REFERRAL (*Updated7/12/2019)*

_____

_____

_____

_____

_____

_____

_____

Attach separate sheet if more space is needed

Possible Witness(es):

_____

_____

Victim(s):

_____

_____

Referral Written By: _____

Position: _____

Date Referral Submitted: _____

This portion to be filled out by Admin Staff Only

Investigation Completed By: _____ Investigation Date: _____

Action(s) Taken: _____

Consequence(s) Assigned: _____

Chapter 19 Offense(s): _____

Previous Action Taken:

_____ Warning to Student

_____ Conference w/ Student

_____ Conference with

Parent Notification:

Date: _____

Phone #: _____

Contact: _____

Outcome:_____

_____

_____

_____

HMTSS Information

Incident Number:

Input Date:

Incident Entered By