

**BLACKFORD COUNTY SCHOOLS  
CRIMINAL GANG AND GANG ACTIVITY  
REPORT FORM**

Complainant Full Name:	School	Race	Gender	Grade	Age
Victim Full Name:	School	Race	Gender	Grade	Age
Alleged Perpetrator Name:	School	Race	Gender	Grade	Age
Location of Incident(s)		Date		Time	

Description of Incident(s) – please be as specific as possible:

---

---

---

---

---

---

---

---

---

---

List all witness names, grade level, and school

1. \_\_\_\_\_ Gr. \_\_\_\_ Age \_\_\_\_ School \_\_\_\_\_
2. \_\_\_\_\_ Gr. \_\_\_\_ Age \_\_\_\_ School \_\_\_\_\_
3. \_\_\_\_\_ Gr. \_\_\_\_ Age \_\_\_\_ School \_\_\_\_\_
4. \_\_\_\_\_ Gr. \_\_\_\_ Age \_\_\_\_ School \_\_\_\_\_

List any evidence of criminal gang activity, intimidation, or recruitment (verbal, written, or electronic) Attach additional information if possible/necessary

---

---

---

To the best of my knowledge, all of the information on this form is true and accurate. I am aware intentionally reporting false information may result in disciplinary/legal consequences

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

\*Note: If you suspect IMMEDIATE danger exists, please contact law enforcement

**FOR ADMINISTRATIVE USE ONLY**

Use a separate form for each alleged perpetrator

Alleged Information  1<sup>st</sup> Offense  Repeat Offender/Alleged

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Parent Information: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**Initial Parent Contact Documentation**

Parent contact of alleged perpetrator: By phone date: \_\_\_\_\_ Date letter mailed: \_\_\_\_\_

Parent contact of alleged victim: By phone date: \_\_\_\_\_ Date letter mailed: \_\_\_\_\_

Investigation Details:

Summary of investigation action (Attach additional pages if necessary)

---

---

---

---

---

---

---

---

---

---

Criminal Gang/Gang Activity Substantiated  Criminal Gang/Gang Activity Unsubstantiated

Action Take: \_\_\_\_\_

---

---

---

---

Resulted in Referral  Yes  No

Investigation turned over to Law Enforcement

Name of personnel notified: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent Contact Documentation**

Parent contact of alleged perpetrator: By phone date: \_\_\_\_\_ Date letter mailed: \_\_\_\_\_

Parent contact of alleged victim: By phone date: \_\_\_\_\_ Date letter mailed: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(Submit copy of completed form to Superintendent for Board review – See Policy 5510)**