



# Gang-Related Incident Investigation Form

MCPS Form 230-38  
July 2017  
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Office of Student and Family Support and Engagement • MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

This form is to be confidentially maintained in accordance with the [Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g](#).

**INSTRUCTIONS:** Upon receipt of [MCPS Form 230-37, Gang-Related Incident Reporting Form](#), the principal or designee, assistant principal, and the school security officer shall initiate an investigation within 24 hours. If the report is of a high level of severity (criminal activity, imminent danger or disruption) the investigation shall be initiated immediately but not later than 24 hours, and appropriate school system personnel shall be notified, in accordance with [MCPS Regulation COB-RA, Reporting a Serious Incident](#).

The school principal and/or designee will contact the parents of all students involved in the gang-related behavior within 24 hours of completing the investigation. [MCPS Regulation JHG-RA, Gangs, Gang Activity, or Other Similar Destructive or Illegal Group Behavior Prevention](#).

School Personnel Completing Form \_\_\_\_\_ Position \_\_\_\_\_

Today's date \_\_\_\_/\_\_\_\_/\_\_\_\_ School \_\_\_\_\_

**Person Reporting Incident:** (From reporting form) Name \_\_\_\_\_

Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_

Place a ✓ in the appropriate box:

- Student  
  Student (witness/bystander)  
  Parent/guardian  
  School staff member  
  Bystander

Name(s) of student victim(s) (Please print)	ID #	Age	Grade

Days Absent due to incident \_\_\_\_\_

Name(s) of alleged offender(s) (If known) (Please print)	Age	School (if known)	Is alleged offender a student?	Days Suspended Due to Incident
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Name(s) of alleged witness(es) (If known) (Please print)	Age	School (if known)	Is alleged witness a student?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

## INVESTIGATION

What actions were taken to investigate this incident? (choose all that apply)?

- |  |   |
|--|---|
| <input type="checkbox"/> Interviewed student victim                          | <input type="checkbox"/> Interviewed alleged offender's parent/guardian |
| <input type="checkbox"/> Interviewed alleged offender(s)                     | <input type="checkbox"/> Examined physical evidence                     |
| <input type="checkbox"/> Interviewed witnesses                               | <input type="checkbox"/> Conducted student record review                |
| <input type="checkbox"/> Witness statements collected in writing             | <input type="checkbox"/> Obtained copy of police report                 |
| <input type="checkbox"/> Interviewed school nurse/health technician          | <input type="checkbox"/> Examined video evidence                        |
| <input type="checkbox"/> Reviewed any medical information available          | <input type="checkbox"/> Conducted meeting with school resource officer |
| <input type="checkbox"/> Interviewed teachers/counselors and/or school staff | <input type="checkbox"/> Contacted social media site                    |
| <input type="checkbox"/> Interviewed student victim's parent/guardian        | <input type="checkbox"/> Other (specify) _____                          |

Why did the incident occur?

a. Is the victim in danger of retaliation?  Yes  No

b. Was this reported as a Serious Incident?  Yes  No

If yes Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Submitted by \_\_\_\_\_

What corrective actions were taken in this case (choose all that apply)?

- |   |   |
|---|---|
| <input type="checkbox"/> None were required                                       | <input type="checkbox"/> Notified law enforcement                 |
| <input type="checkbox"/> None, the incident did not warrant any corrective action | <input type="checkbox"/> Offender arrested                        |
| <input type="checkbox"/> Student conference                                       | <input type="checkbox"/> Offender detained                        |
| <input type="checkbox"/> Student warning  | <input type="checkbox"/> Offender referred to Alternative Program |
| <input type="checkbox"/> Letter of apology  | <input type="checkbox"/> Restitution made                         |
| <input type="checkbox"/> Mediation  | <input type="checkbox"/> Community Service                        |
| <input type="checkbox"/> Counseling   | <input type="checkbox"/> Multi-party dispute resolution           |
| <input type="checkbox"/> Parent letter  | <input type="checkbox"/> Referral to counselor or therapist       |
| <input type="checkbox"/> Parent phone call  | <input type="checkbox"/> Meeting with school resource officer     |
| <input type="checkbox"/> Parent conference  |   |
| <input type="checkbox"/> Detention  |   |
| <input type="checkbox"/> In-school suspension                                     |   |
| <input type="checkbox"/> Out-of-school suspension/expulsion                       |   |
| <input type="checkbox"/> Other (specify) _____                                    |   |

Additional pertinent information gained during the interview

Investigator notes, if any:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature Date