

SUMMARY OF FACT-FINDING BOARD

CENTER NAME:					
STUDENT'S NAME:		ID NUMBER:		REPORT DATE:	
DATE OF BIRTH:		DATE OF ENTRY:		RES: <input type="checkbox"/> NON-RES: <input type="checkbox"/>	
CHARGE(S):		STUDENT PLEA:		ZERO TOLERANCE:	
				On Ctr	Off Ctr
1.		G <input type="checkbox"/> NG <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
2.		G <input type="checkbox"/> NG <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
3.		G <input type="checkbox"/> NG <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
4.		G <input type="checkbox"/> NG <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
		DATE OF INCIDENT:		ATTACHED REPORTS: <input type="checkbox"/>	
DESCRIPTION OF INCIDENT:					
SUMMARY OF FACT-FINDING BOARD HEARING:		ATTACH COPIES OF SIR, INCIDENT REPORT, STATEMENTS, ETC.			
WAS STUDENT PRESENT FOR HEARING?		YES: <input type="checkbox"/> NO: <input type="checkbox"/>		DATE OF HEARING:	
REVIEW BOARD FINDINGS:	GUILTY	NOT GUILTY	FACT-FINDING BOARD RECOMMENDATIONS:		
CHARGE 1	<input type="checkbox"/>	<input type="checkbox"/>			
CHARGE 2	<input type="checkbox"/>	<input type="checkbox"/>			
CHARGE 3	<input type="checkbox"/>	<input type="checkbox"/>			
CHARGE 4	<input type="checkbox"/>	<input type="checkbox"/>			
SIGNATURES OF FFB MEMBERS: Level I require one senior staff member; Level II requires two staff, one student.					
1.	STAFF		DID STUDENT SUBMIT A PREPARED STATEMENT? (Check one) YES <input type="checkbox"/> NO <input type="checkbox"/> REFUSED <input type="checkbox"/>		
2.	STAFF				
3.	STUDENT				
CENTER DIRECTOR'S SIGNATURE:		TERMINATE:		STUDENT NOTIFIED OF RIGHT TO APPEAL?	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE MAILED:
Remarks:					
TERMINATION DATE:			REGIONAL APPEAL DECISION REGIONAL USE ONLY		
STUDENT HUMAN RESOURCE MANAGER			DECISION:		DATE:
SIGNATURE:			SIGNATURE:		