

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:		LOCATION OF INCIDENT:	
						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: YES <input type="checkbox"/> NO <input type="checkbox"/>		STUDENT NOTIFIED OF RIGHT TO APPEAL? 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:					