

**Jordan School District**  
**SUSPENSION TO A DISTRICT-LEVEL HEARING**  
**NARRATIVE**

Date of Incident:

Approximate Time of Incident:

Place of Incident:

Students Involved in Incident:

Describe the Incident (Be specific):

Please attach additional sheets as necessary

Please include (if applicable) witness statements. These need to be written in pen. Pencil copies are poor at best. In the case of an assault, be sure to include a statement from the victim.

Please attach picture (if applicable) of weapon, items or articles that pertain to the suspension.

\_\_\_\_\_  
Signature of Administrator

\_\_\_\_\_  
Date