



Des Plaines Park District Conduct Report

Please turn the completed report to your Supervisor within 24 hours

Staff completing conduct report: _____

Program: _____ Date: _____

Participant (first & last name): _____

Participants address: _____

Phone: _____ Age: _____

Offense Level: (Please circle)

Minor Offense

1. Disrespectful/Rude Language _____
2. Foul Language _____
3. Disruptive Behavior _____
4. Disrespecting Property _____

Major Offense

1. Threatening or Causing Bodily Harm _____
2. Aggressive Behavior _____
3. Continuous Disruptive Behavior _____
4. Continuous Defiance of Authority _____
5. Abusive Language _____
6. Eloping _____
7. Safety of others _____

Description of the incident:

Was the Supervisor notified? **YES** **NO**

Was the Guardian notified? **YES** **NO**

If yes, how? Phone In-Person Correspondence

Guardian Signature and Date

To be completed by the Supervisor

Dates of Previous Warnings:

Additional Follow up:

Supervisor Signature and Date