

**Northville Parks and Recreation
CODE OF CONDUCT/SUSPENSION REVIEW**

Individual Under Review:

Address:

Home Phone:

Cell Phone:

Business Phone:

Email:

Date of Birth:

Date of Incident:

Time:

Location/Program:

Type of Misconduct

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> Vandalism | <input type="checkbox"/> Verbal Abuse of Guest or Staff | <input type="checkbox"/> Punching, Hitting, Fighting |
| <input type="checkbox"/> Theft | <input type="checkbox"/> Unauthorized Entry | <input type="checkbox"/> Failure to Comply w/Rules |
| <input type="checkbox"/> Other _____ | | |

Narrative:

Police Incident Report #:

Was the Police Department Contacted: Yes No **City** **Township**

Was the Individual Trespaced: Yes No

Suspension Issued By:

Suspension Terms:

Date forwarded to Parks & Recreation Director or Designee:

Notes:

Notification to Appeal Suspension

Received By:

Date:

Notes:

Suspension Appeal Process

	Denied	Upheld	Date
Parks & Recreation Director:			

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