

SMI/IDD Youth Violation Code of Conduct Report

(Must be returned to Code of Conduct Officer by next business day)

DATE: _____ HOUSING UNIT: _____ HEARING DATE: _____ HEARING OFFICER: _____

The following youth have an SMI and/or IDD (Individual Deficit Disorder) classification and are scheduled to appear before the Youth Code of Conduct Committee on the above date.

#	YOUTH NAME	JETS #	VIOLATION DATE	VIOLATION NUMBER(S)	SMI/IDD Representative/Advocate	Incident Related to Mental Illness or Low Cognitive Abilities		Details Regarding Decision by MH Professional
						Y	N	
1								
2								
3								
4								
5								
6								
7								
8								

(Note: Attach copy of Violation Report for youth listed before forwarding to Mental Health Professional for decision. Violation Reports must be returned with form.)

Signature of SMI/IDD Youth Representative/Advocate Date