

**A. General Information**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Filed by: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Brief Description of Incident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Personal Injuries (if any)

\_\_\_\_\_  
\_\_\_\_\_

Type of Incident:       THREAT       ASSAULT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of person or persons involved:

MALE                       FEMALE      GLASSES:     YES             NO

Distinguishing Features (clothes, hair, height weight, etc)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witnesses to Incident:

Name                                      Position

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Signature of Person Filing: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

In your best judgement this incident could be best categorized as:

- |                   |                          |                             |                          |
|-------------------|--------------------------|-----------------------------|--------------------------|
| Verbal Abuse      | <input type="checkbox"/> | Bullying/Intimidation       | <input type="checkbox"/> |
| Verbal Threat     | <input type="checkbox"/> | Violence by Instructor      | <input type="checkbox"/> |
| Written Threat    | <input type="checkbox"/> | Inciting Others to Violence | <input type="checkbox"/> |
| Physical Assault  | <input type="checkbox"/> | Property Damage             | <input type="checkbox"/> |
| Sexual Assault    | <input type="checkbox"/> | Gang Related                | <input type="checkbox"/> |
| Weapon Involved   | <input type="checkbox"/> | Racial Confrontation        | <input type="checkbox"/> |
| Students Fighting | <input type="checkbox"/> |                             |                          |

Other: (explain)

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<b>PRINCIPAL/VICE-PRINCIPAL ONLY</b>
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Police Attended  YES  NO

Officer's Name:

Response Time:

Action Taken:

Parent(s)/Guardian(s) Notified  YES  NO

Name of Person(s) Notified:

Suspensions  YES  NO

Who:

Number of days

Number of days

Number of days

Number of days