

INCIDENT REPORT

SCHOOL _____ REGION _____ UNIT NO. _____

PERSON COMPLETING REPORT _____ TITLE _____

INCIDENT _____ DATE AND TIME _____

VICTIM (If Applicable) _____ SEX _____ AGE _____
(LIST ADDITIONAL VICTIMS IN NARRATIVE)

ADDRESS _____ OCCUPATION _____

OFFENDER (If Known) _____ SEX _____ AGE _____
(LIST ADDITIONAL OFFENDERS IN NARRATIVE)

ADDRESS _____ OCCUPATION _____

NARRATIVE SECTION: (Describe What Happened and What Action Was Taken)

(USE REVERSE SIDE IF NECESSARY)

IF ARREST WAS MADE, INDICATE POLICE DEPT. RD NUMBER _____

(DATE)

(SIGNATURE OF ADMINISTRATION)

DISPOSITION OF COPIES

- **Original Copy (White)** to Safety and Security
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- **Second Copy (Pink)** to Region Office