INCIDENT REPORT – THREATS AND CRIMES

TODAY'S DATE: _____/_____/_____ School/Parish _____
Month Day Year

School System/Parish Program: _____

Person Reporting Incident:

Name: _____ Phone:_____ Email: _____

Place an X in the appropriate box: ☐Student ☐ Parent/Guardian ☐ School/Parish Staff ☐ Witness/Bystander

☐ Other _____

Name of Student(s) Affected: (Please print)

Name:_____ Age _____ Grade _____ Gender _____

Name:_____ Age _____ Grade _____ Gender _____

Name:_____ Age _____ Grade _____ Gender _____

Name:_____ Age _____ Grade _____ Gender _____

Name(s) of alleged offenders(s) *(if known)*:

Name	Age	School/Parish *(if different)*	Is he/she a student?
			☐Yes ☐No
			☐Yes ☐No
			☐Yes ☐No

On what date(s) and where did the incident(s) happen?

Date *(Month/Day/Year)*	Time	School/Parish Property - *Room/Location*	School Bus	Way to/from School/ Parish	Online	School/parish-sponsored activity or event off school/parish property *(name event/location)*

Describe the incident:

FOR ADMINISTRATIVE USE ONLY

I. NAMES

_____ _____ _____

Name of person receiving report **Position** **Date**

_____

Signature of person receiving the report

II. NOTIFICATIONS:

Parent/guardian of alleged victim(s)

Name_____ Date_____ Comments_____

Name_____ Date_____ Comments_____

Parent/guardian of accused:

Name_____ Date_____ Comments_____

Parent/guardian of witnesses(s):

Name_____ Date_____ Comments_____

Other Persons Notified:

Name_____ Date_____ Comments_____

III. INVESTIGATION

Investigator_____ Position_____

Interviews:

Name_____ Grade_____ Date_____

Name_____ Grade_____ Date_____

Name_____ Grade_____ Date_____

Name_____ Grade_____ Date_____

Summary of Investigation:

Conclusion(s):

Action Taken:

_____ _____

Principal/Religious Education Director Signature Date

This report is kept in a separate file. Do not place in student file.