USE OF FORCE - INCIDENT REPORT

Name(s) of involved student(s) or other persons:______________________________

Date of this report:________________________________________________________

School:____________________________________________________________________

Date incident occurred:__________ Time:____________________________

Playground__________ Classroom__________ Hallway__________

Other: (Specify)__________________________________________________________

Describe incident:________________________________________________________

________________________________________________________________________

Describe any injuries: (Victim, Perpetrator)____________________________________

________________________________________________________________________

Other students or other persons involved:____________________________________

________________________________________________________________________

What action did employee take?____________________________________________

________________________________________________________________________

Was student sent to principal?__________At what time?________________________

Were police called?________________________________________________________

Actions taken by school:____________________________________________________

________________________________________________________________________

Signature of person completing report:_______________________________________

(Must be faculty member or employee of School District Number One)

Investigated by:___________________________________________________________