



TRESPASS TO SCHOOLS' INCIDENT REPORT
Policy 4024

Date of Incident:

Time of Accident:

Location:

Use of School:

- Regular
- Extra-curricular

If yes, complete:

Address:

Telephone:

Describe the incident. Include the following: chronological order of events, attitude of the offender, type of language used by offender, the number of people affected by the incident and how they were affected.

Describe the offender: Include appearance, clothing, status (e.g., pupil, ex-pupil).

List below, name(s) and address(es) of witness(es), if any.

Were the police called? Yes No

If yes, name of responding officer:

Date: _____

Position: _____

School: _____

Signature: _____

Please send copy to School Superintendent, Safe Schools' Superintendent, the City Police Department or your local Police Department.