

IISD INCIDENT REPORT

Reporting Person: _____
Location: _____
Offense: _____
Complainant's Name: _____
Complainant's Race: _____
Type of Complainant (principal, teacher, student, parent): _____

How was the offense discovered? _____

Police Service #: _____ Warrant: Yes / No
Date Reported: _____ Date of Incident: _____

NARRATIVE

Disciplinary Action: Parent Conference, Reassignment, Suspension, Expulsion, ISS,
Other: _____

Gang Related: Yes / No Name of Gang: _____ Racially Motivated: Yes / No
Police Action: _____

SUSPECT INFORMATION

Name: _____ Race: _____ Gender: _____ Age: _____ Gang: _____
Type (student, outsider, parent, other): _____ ID # _____
Address: _____
Ticketed: Yes / No Arrested: Yes / No
Charge: _____

Name: _____ Race: _____ Gender: _____ Age: _____ Gang: _____
Type (student, outsider, parent, other): _____ ID # _____
Address: _____
Ticketed: Yes / No Arrested: Yes / No
Charge: _____

WEAPON

Description: _____ Loaded: Yes / No Shots Fired: Yes / No
Description: _____ Loaded: Yes / No Shots Fired: Yes / No