

Fairfield Public Schools – Incident Report

RETRUN/SEND THIS FORM TO ANY ADMINISTRATOR OR DEAN

SCHOOL:	REPORTER*:	DATE OF REPORT:
DATE OF INCIDENT:	TIME OF INCIDENT:	LOCATION OF INCIDENT:
Name(s) of Alleged Perpetrator(s): If you do not know by name, please provide a physical description (clothing, height, etc.)		
Name of Alleged Target: If you do not know by name, please provide a physical description (clothing, height, etc.)		
Describe the Incident – Please provide a detailed description of what you saw or heard.		
Potential Witnesses – Please provide the names of any students, teachers, or staff that were in the area and may have witnessed the incident.		
FOR OFFICE USE ONLY		
DATE RECEIVED BY SCHOOL CLIMATE SPECIALIST:	INVESTIGATION ASSIGNED TO(if different):	

*You may report anonymously by leaving this area blank. Anonymous reports will be investigated to the best of our ability. Per State law, no disciplinary action can be taken based solely on an anonymous report.