

INCIDENT REPORT AND REQUEST TO VIEW VIDEO RECORDING

Date: _____

Incident reports should be filed with the Designated Representative as soon as feasible after the individual submitting the report suspects the alleged incident. Incident reports should be submitted within 48 hours after the event or circumstance giving rise to the allegation.

Requester's Name: _____

Requester's email address: _____

Requester's phone number: _____

I am a parent/legal guardian of a student involved in an alleged Incident believed to be documented by a video recording.

Student's name: _____

Student's school: _____

My report pertains to an event or circumstance involving alleged (please check all that apply):

_____ Abuse of a student by a District employee _____ Neglect of a student by a District employee, _____ Physical Abuse of a student by another student, _____ Sexual Abuse of a student by another student _____

Other: _____

Location of the self-contained classroom or other special education setting where the alleged Incident occurred:

Date and time of the alleged Incident (please be specific and identify the date and time within a 48- hour window, if possible):

Please describe with specificity the nature of your report, including the events or circumstances giving rise to your report and the name of any staff member/employee or student that may be involved in the alleged incident (please attach additional pages if necessary):

Please provide any additional information that you would like to share in connection with your report:

In conjunction with this report, I am requesting to view the applicable recording:

☐ Yes ☐ No

Signature

Date

Please submit the completed Form E to the campus Principal. The District Representative will contact you regarding the status of your report/request.