



SANGER INDEPENDENT SCHOOL DISTRICT

INCIDENT REPORT FORM

Name of Person Making the Report _____

Student _____ Campus _____

Date of Incident _____

Incident Report

Please describe what happened in your own words. Include as many details as possible to give a clear, accurate account of the events. Attach additional sheets as necessary.

Name of Alleged Perpetrator _____

Name of Alleged Victim _____

Witnesses _____

Signature of Reporter _____ Date _____

<p>Office Use Only</p> <p>Campus Personnel Receiving the Report _____</p> <p>Campus Administrator Signature _____ Date _____</p>
