

San Elizario Independent School District

Incident Report

Date of Incident _____ Vandalism _____

Time of Incident _____ Accident _____

Campus / Dept _____ Other _____

Name of Person Making Report (Please Print) _____

Please give a detailed explanation (specify date (s), time, person (s) involved, specific description). Use attachment if necessary:

Person making report _____ Date Reported: _____
(Signature)

Incident Report Forwarded to: _____

To be filled out by Authorized Personnel

Action Taken: _____

Signature of Authorized Personnel

Date