



# GUAJOME SCHOOLS INCIDENT REPORT

Please complete all applicable sections:

## PERSON MAKING THE REPORT

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Report Date: \_\_\_\_\_ Report Time: \_\_\_\_\_

## INCIDENT

Subject Name(s) & Grades: \_\_\_\_\_

Subject(s) Phone: \_\_\_\_\_

Incident Date: \_\_\_\_\_ Incident Time: \_\_\_\_\_ Incident Location: \_\_\_\_\_

Specific Facts/Details of the Incident:

List of Witnesses: (Include Name, Time, Date, Relationship, Phone & Email)

\_\_\_\_\_  
\_\_\_\_\_

### *For Official Use Only*

Action Taken:

Date Parent Notified: \_\_\_\_\_ Time: \_\_\_\_\_

Date Student Suspended: \_\_\_\_\_ Date Return to School: \_\_\_\_\_ Friday School Date: \_\_\_\_\_

Date Administrative Conference Held: \_\_\_\_\_

Participants: \_\_\_\_\_

Other Action Taken:

Recommendation:

Probationary Enrollment Agreement    Letter One    Letter Two    Dismissal

Administrative/Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_