

INCIDENT REPORT ON ELECTRONIC DEVICES

Name of Student: _____, _____
(Please Print) Last Name First Name Grade

Today's Date: _____ Period: _____ Time of Incident: _____

Name of Teacher/Staff (Reporting): _____, _____
Last Name First Name

Item Confiscated:

___ Cell Phone ___ Electronic Devices (IPOD, MP3, et cetera) ___ Accessories

(For Office Use Only)

OFFENSES: ___ 1ST ___ 2ND ___ 3RD

Electronic Device returned to: ___ Student ___ Parent

Staff Signature Student/or Parent Signature Date

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