



TANGIPAHOA PARISH
SCHOOL SYSTEM

Tangipahoa Parish School Board

INCIDENT REPORT AND REQUEST TO VIEW VIDEO RECORDING

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: _____ Phone Number: _____

Requester's Email Address: _____

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 with a 48-hour window, if possible):

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

In conjunction with this report, I am requesting to view the applicable recording ☐ Yes ☐ No

Parent/Guardian Signature: _____ Date of Request: _____

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

FOR DISTRICT USE ONLY

Date completed Form E Received: _____

Received By: _____

To be completed by Designated Representative:

Designated Representative Signature

Date of Approval/Denial
