

GAINESVILLE ISD

Exhibit B — Incident Report Form (Adult)

Contact information

Name: _____

Home address: _____

Work address (*if applicable*): _____

Home phone: _____

Mobile phone: _____

Email address: _____

Details of the incident(s)

Name(s) of alleged offender(s): _____

Name(s) of alleged victim(s): _____

Describe your relationship to
alleged victim(s)/offender(s): _____

Date of the alleged incident: _____

Time of the alleged incident: _____

Location of the alleged incident: _____

If the incident is alleged to have occurred on District property, identify the facility or campus:

Name(s) of anyone else who knows about what happened:

Describe the alleged incident(s) as clearly as possible, including what force or physical contact, if any, was used; any verbal statements such as threats, requests, or demands; and any electronic methods used, including email, social media, and the like. *(Attach additional pages if more space is needed.)*

I hereby certify that the information I have provided is true, correct, and complete to the best of my knowledge and belief.

Signature: _____

Date: _____

Received by: _____

Date: _____

For District's Internal Use Only

Confirmation of parent notification regarding allegation:

Note to the administrator: Notice to the parent or guardian of the alleged victim is required within three business days of the reporting of the incident.

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Notification provided to parent/guardian of alleged victim(s):

Parent's or guardian's name: _____

Date of notification: _____

Method of notification: _____

Note to administrator: Notice to the parent or guardian of the student(s) alleged to have engaged in bullying is required within a reasonable time after the incident is reported.

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Notification provided to parent/guardian of student(s) who allegedly engaged in bullying:

Parent's or guardian's name: _____

Date of notification: _____

Method of notification: _____