

CALAVERAS UNIFIED SCHOOL DISTRICT
San Andreas, California

INCIDENT REPORT

Name _____ Site _____

Date _____ Date and time (approximate) of Incident _____

Location of Incident (office, classroom, hallway, etc.) _____

Name of Person you are reporting (if known) _____

Is this person a parent/guardian or relative to a student at CUSD? _____ Yes _____ No

Did you feel your well being/safety was threatened? _____ Yes _____ No

Were there any witnesses to this incident? _____ Yes _____ No

Name of Witness (es) _____

Were the police contacted? _____ Yes _____ No

Below, please describe what happened:

If you need additional space, please use the back of this sheet. Thank you

Signature of Person Completing Form

A copy of this Incident Report should be sent to the Superintendent.