

Incident Report Suspected Abuse

Name of Student Involved: _____

Birthdate: _____ Male Female

Parent or Guardian: _____ Phone: _____

Address: _____

Name of Alleged Abuser: _____

Date and Place of Incident or Incidents: _____

Description of Misconduct (Attach report if necessary):

Name of Witnesses (Complete witness report):

1) _____

2) _____

Other Information (Inc. evidence of abuse, i.e. letters, photos, etc.):_

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature of Investigator

Date