

# Fairfield Public Schools – Incident Report

SCHOOL:	REPORTER:	DATE OF REPORT:
DATE OF INCIDENT:	TIME OF INCIDENT:	LOCATION OF INCIDENT:
Name(s) of Alleged Perpetrator(s): If you do not know by name, please provide a physical description (clothing, height, etc.)		
Name of Alleged Victim: If you do not know by name, please provide a physical description (clothing, height, etc.)		
Describe the Incident – Please provide a detailed description of what you saw or heard.		
Potential Witnesses – Please provide the names of any students, teachers, or staff that were in the area and may have witnessed the incident.		
FOR OFFICE USE ONLY		
DATE RECEIVED BY SCHOOL CLIMATE SPECIALIST:	INVESTIGATION ASSIGNED TO(if different):	

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