



FORM E
PLAINFIELD PUBLIC SCHOOLS

Confidential Incident Report

(To be completed by school employee and submitted to Principle)

School: []

Date []

Incident dates: []

Incident time []

Reported: OFFICER HAILLEY

Position: []

Reported To: []

Position: []

Reason(s) for Referral (not limited to below):

- Aggravated assault
- Arson
- Drugs-possession of alcohol (CDS)
- Bulling / harassment
- Extortion
- Firearms – dangerous weapons
- Gambling
- Sexual harassment
- Threatening (staff and students)
- Weapon / dangerous instrument
- Other

Name of individual (s) involved: []

Description of incident: []

Action taken (if any): []

Submitted by []

Date: []

Person monitoring incident []

Date []

Principal signature []

Date []

Date received (Superintendent Office): []

A SUSPENSION OF MORE THAN FIVE (5) DAYS REQUIRES THIS FORM TO BE FORWARDED TO THE SUPERINTENDENT OR DESIGNEE BY THE END OF THE DAY IN WHICH THE INCIDENT OCCURRED.



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CONTINUED:

Description of incident:

Action taken (if any):

