

CULVER CITY UNIFIED SCHOOL DISTRICT
Culver City, California

INCIDENT REPORT

Name: _____ Site: _____

Today's Date: _____ Date and time (approximate) of incident: _____

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

Name of person you are reporting (if known): _____

Is this person a parent/guardian or relative to a student at CCUSD? _____

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 Deputy Superintendent, Administrative Services