SIMSBURY PUBLIC SCHOOLS INITIAL REPORT OF SERIOUS INCIDENT

AL						
Name of student involved:						
Name(s) of other students						
Name of person completing	g torm:					
Cabaal	Date of Donout	Data of Incident	Time of Incident	Location of Incident		
School	Date of Report	Date of Incident	Time of Incident	Location of Incident		
Mean Behavior	Vandalism	Theft	Other Serious Incident (describe)			
iviean benavior	vanualism	ineit	Other Serious Incid	ient (describe)		
□Yes □No	□Yes □No	□Yes □No				
□ tes □NO	□ res □ no	□ res □ no				
Barrier II - 1	• . • . • . • . • . •					
Describe Incident (include	injuries, exact location	is, property damages,	all persons involved,	potential witnesses, etc.)		
Were any staff members present? ☐Yes ☐No If yes, list names:						
Were any staff members notified at the time? ☐Yes ☐No If yes, list names:						

FOR OFFICE USE ONLY:					
Findings of Investigation:					
Actions Taken:					
		\square Yes \square No $\ $ If yes, attach a copy and send to the District Safe School			
Did this incident appear to be sexual harassment? ☐ Yes ☐ No					
If yes, send a copy of paperw					
Parent/Guardian Notified	SRO Notified	Safe School Climate Specialist Notified	Central Office Notified		
□Yes □No	□Yes □No	□Yes □No	□Yes □No		
Date:	Date:	Date:	Date:		
School Administrator's Signa	turo	Data			
School Administrator's Signature: Date:					