JGD-R5

REPORT OF THEFT, DESTRUCTION, OR VIOLENCE IN A SAFE SCHOOL ZONE TO LOCAL LAW ENFORCEMENT AGENCY

CONFIDENTIAL **Form Ed317 Rev 1996**

Incident Code: _____

INSTRUCTIONS: This report shall be completed by a public or private school employee jointly with his/her supervisor immediately after awareness of an incident of a criminal nature. Not all information will be available at that time, but missing data shall be filled in within 48 hours by the principal. This report shall be filed with the local law enforcement agency by the principal within 48 hours of the incident.

School Name: _____ Principal's Name: _____

Address: _____ _____ School Telephone: _____

INCIDENT DATE	**TIME OF INCIDENT**	**LOCATION OF INCIDENT**
_____ mo day year	_____ (specify AM or PM)	_____

ALLEGED OFFENSES

☐ Drug/Alcohol Offense
☐ Firearm or other Weapon
Please circle type of Weapon: Handgun – Rifle/Shotgun - Other
☐ Homicide
☐ Sexual Offense
☐ Robbery, Burglary, Theft
☐ Arson
☐ Criminal Mischief/Vandalism
☐ Assault/Threatening

DESCRIPTION OF INCIDENT
(Include the names and addresses of any witnesses if appropriate)

SUSPECT	**VICTIM**
Name _____	Name _____
Address _____ _____	Address _____ _____
Gender _____ Birthdate _____ mo day year	Gender _____ Birthdate _____ mo day year
Grade _____	Grade _____

EMPLOYEE REPORTING INCIDENT	**DATE REPORT COMPLETED BY EMPLOYEE**	**DATE REPORT FILED BY PRINCIPAL**
Name _____	_____ mo day year	_____ mo day year

Adoption Date: January 14, 1997
School Board Review/Approval: February 13, 2014