

INCIDENT REPORT FROM

A person may notify the district of alleged abuse or neglect occurring in a self-contained classroom or other special education setting where video/audio surveillance is in effect by completing an incident report form and providing it to the campus principal. The person making the incident report should be as specific as possible regarding the date, time and location of the suspected abuse or neglect, should include any witnesses, and should describe the suspected abuse or neglect as clearly as possible. The incident report should be provided to the campus principal as soon as possible but no later than 48 hours after a person submitting the incident report becomes aware of suspected abuse or neglect.

If the recording documents an incident as defined by law, the district will release, on request, the recording for viewing by an employee or a parent or guardian of a student who is involved in the incident. Depending on the nature of the recorded incident, the district may also be required by law to release the recording for viewing to individuals described in EHBAF(LOCAL), including appropriate personnel or agents of the Department of Family and Protective Services and/or State Board for Educator Certification. **For more information, see EHBAF(LEGAL) and (LOCAL).**

INCIDENT REPORT FORM

Contact Information:

Name of person reporting incident: _____
 Home #: _____ Cell #: _____ E-mail: _____
 Mailing address: _____

Description of Incident:

Date(s) of alleged abuse or neglect: _____
 Time(s) of alleged abuse or neglect: _____
 Location(s) of alleged abuse or neglect: _____
 List any and all witnesses: _____

Describe the abuse or neglect as clearly as possible, including names of individuals involved and any district policy or law you think may have been violated. (Attach additional pages if more space is needed.)

Person requesting to view the applicable recording:

- I am parent of _____
- I am a district employee involved in the alleged incident
- I am a Texas Department of Family and Protective Services employee
- I am a Texas Education Agency or State Board for Educator Certification employee or agent
- I am a police officer, school nurse, administrator trained in de-escalation and restraint techniques, or human resources staff member designated by the board of trustees

Signature: _____ Date: _____

Print Name: _____