

**OAK PARK UNIFIED SCHOOL DISTRICT
EXHIBIT**

Series 1000

Community Relations

E 1313

CIVILITY POLICY

INCIDENT REPORT

Name _____ Site _____

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

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

Name of Person you are reporting (if known) _____

Is this person a parent/guardian or relative of a student at OPUSD? Yes ☐ No ☐

Did you feel your well being/safety was threatened? ☐ Yes ☐ No

Were there any witnesses to this incident? ☐ Yes ☐ No

Name(s) 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 appropriate supervisor.

Adopted: 9-19-06