

SERIOUS OR SUSPENDABLE INCIDENT/ACCIDENT REPORT

USD 207 FORT LEAVENWORTH

Initial Report:

Follow Up:

Final:

Name:

Position: Student Staff Parent

Date of Incident/Accident:

Time of Incident/Accident:

Location of Incident/Accident:

Type of Reporting:

Vandalism Theft Fight Threat Harassment/Bullying

Weapons Drugs Accident Other:

Reported By:

Date:

Description/Details:

Witness(es):

Date:

Accident: Parents Notified Yes No

Date:

Principal Action:

Superintendent/Deputy Action:

Reported To: Principal Deputy Superintendent Superintendent Board Members

Follow Up Report:

Final Action: