

Irion County ISD Student Incident Report Form

TODAY'S DATE: _____

Name of Person Filling out Report: _____

Relationship to those involved: _____

Date & Time of Incident: _____

List Names of those involved: _____

List Names of Witnesses or Bystanders: _____

Description of Incident:

(Include specific details, use additional pages if necessary)

Signature of Person Filing Report

Please return this form to the Campus Principal

The privacy of the complainant, the individual(s) against whom the complaint is filed, and the witnesses will be respected as much as possible, consistent with legal obligations to investigate, take appropriate actions, and to comply with the Family Educational Rights and Privacy Act (FERPA), and any discovery or disclosure obligations. As limited by FERPA protections, the administrator or his/her designee may inform the complaining student/parents/ guardians of the outcome of the investigation.