

Orcutt Union School District

CIVILITY INCIDENT REPORT

Individual being reported:

Last name: _____ First name: _____ Site: _____

Today's date: _____ Date & time (approx.) of incident: _____

Location of incident (office, classroom, hallway, etc.): _____

Is this person a parent guardian relative of a student at OUSD?
 Other _____

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

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

Name of witness(es): _____

Were the police contacted? Yes _____ No _____

If yes: Deputy's name: _____ CASE/DR#: _____

Please describe what happened, including any action taken:

Additional pages attached to this report.

Name of person completing form

Signature of person completing form

This form should be sent to the office of the Assistant Superintendent, Human Resources