

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

Amended: 2-28-2023