

CAMPUS OFFICER INCIDENT REPORT

U.S.D. #500

Kansas City, Kansas Public Schools

Student Information

Date of Occurrence: _____ School Report #: _____ Grade Level: _____ Student #: _____

First Name: _____ M.I. _____ Last Name: _____

Date of Birth: _____ (Choose one): Victim Suspect Medical Asst.?: Yes No

Administrative Action Taken (Choose one): I.S.S. O.S.S. Hearing Other

Class Information

Class Period: _____ Course: _____ Location: _____

Instructor: _____ Witness #1: _____ Witness #2: _____

Parent Information

Parent: _____ Relationship: _____ Parent called?: Yes No

Address: _____ Apt#: _____ City/State/Zip _____

Phone #: _____ Home Visit?: Yes No

Property Loss of Damage

Stolen, Lost, Damaged Equipment

Item	Make	Model	Serial Number	Replacement Value
1. _____				
2. _____				
3. _____				

Total \$ _____

Building and Property Damage

Item	Description	Replacement Value
1. _____		
2. _____		
3. _____		

Total \$ _____

Narrative

Action Taken

Campus Officers: _____ Time Called: _____ Time Cleared: _____

School Name: _____ Phone #: _____

Police Called: Yes No Arrested: Yes No Transported: Yes No

Type of Crime: _____ Police Report #: _____

Date: _____ Signatures: _____

Administrator

Campus Officer