M^{c}Allen Independent School District

REPORT OF AN OCCURRENCE

This report is completed by the person(s) involved in the incident, (student or adult). If the person is a student who is unable to write, the adult receiving the report will document verbatim what the student says.

On _____, **at approximately** _____, **when I was**
DATE TIME

_____, **this happened**:
WHERE

I felt: _____

This is what I did: _____

This report is truthful and correct.

_____	_____	_____
SIGNATURE	**DATE**	**TIME**
_____	_____ _____	_____
PRINTED NAME OF ABOVE	**STUDENT ID# (if applicable)** **GRADE**	**CAMPUS/DEPARTMENT**
_____	_____	_____
STAFF SIGNATURE (person receiving report)	**TITLE**	**DATE**

09/18/2000