



SAUGUS UNION SCHOOL DISTRICT

# Civility Incident Report

Today's Date: \_\_\_\_\_

Name of person completing report: \_\_\_\_\_

Site/Location where incident occurred: \_\_\_\_\_

Name of person being reported: \_\_\_\_\_

**Please complete the following information**

(attach additional pages if necessary)

**Is this person a parent/guardian or relative to a student(s) at Saugus Union School District:**

Yes       No

**Did you feel your well-being was threatened:**

Yes       No

Explain:

**Were there witnesses to this incident? If so, name them:** \_\_\_\_\_

**Were the police contacted?**

Yes       No

**Describe the incident and what happened:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Incident report received by: \_\_\_\_\_ Date Rcvd: \_\_\_\_\_

Action taken by Site/Department Administrator:

\*Retain one copy. Send one copy to your Site/Department Administrator. Send one copy to the Superintendent's Office.