



Student Incident Report

Original Adoption: June 1, 2007
Effective Date: June 1, 2007
Last Revision: June 30, 2014

Please exercise care in completing this form. Take the time to print or write clearly.

Student Name: _____

Student's Social Security Number: _____

(THIS NUMBER MUST BE CONCEALED ON ALL COPIES MADE OF THIS DOCUMENT)

Today's Date: _____

Date of the Alleged Incident: _____

Location of the Alleged Incident: _____

Time of the Alleged Incident: _____

Name of the Respondent: _____

DESCRIBE THE ALLEGED INCIDENT

Instructions: Be specific. Describe clearly the alleged incident. (If necessary, seek assistance from a person of your choice in preparing this form.)
Please attach to this form any written and signed statements or other evidence which support your description of the alleged incident.

What remedy/solution are you seeking?

Please list all attachments that you are including with this form:

Signature: _____

Date: _____

Policy Reference:

LTC Policy #SA1930.223 Grievance Policy
LTC Policy #SA1930.229 Judicial Code, Disciplinary Procedures & Student Due Process
LTC Form #SA200.36 Response to Student Grievance Form
LTC Form #SA200.37 Response to Student Incident Report
LTC Form #SA200.45 Student Grievance Form
LCTCS Policy #2.004 – Student Conduct and Appeals Procedures
Family Educational Rights and Privacy Act (FERPA)

Approved:



Dianne Clark
Interim Director