

INCIDENT INQUIRY FORM

Seekonk Public Schools 25 Water Lane Seekonk, MA 02771 Fax: 508.399-5128 http://seekonk.sharpschools.com/



SECTION I (DATA)

Name of Primary Student(s) Involved:							
Date(s) of Incident(s):Time When Incident(s) Occurred:							
Location of Incident(s) (Be as specific as possible):							
Person Completing Report:	Role:						
Witnesses to Incident (List people	who saw the incident or have information about it):						
Name:	☐ Student ☐ Staff ☐ Other						
Name:	□ Student □ Staff □ Other						
Name:	☐ Student ☐ Staff ☐ Other						
and what each person did an	ent (including names of people involved, what occurred and said, including specific words used). Please use hal space on back if necessary:						
and what each person did an addition	nd said, including specific words used). Please use hal space on back if necessary:						
and what each person did an addition	nd said, including specific words used). Please use						
and what each person did an addition	al space on back if necessary:						
and what each person did an addition	nd said, including specific words used). Please use hal space on back if necessary:						
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SECTION II: (INQUIRY)

Interviews:			
□ Name:	Date:		
 Documentation attached 			
□ Name:			
 Documentation attached 			
□ Name:	Date:		
Documentation attached			
Summary of Inquiry:			
(Please use additional paper	and attach to this document as needed)		

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SECTION III: (CONCLUSIONS FROM THE INQUIRY AND RECOMMENDATIONS FOR ACTION)

1. Incident documented as	·		
2. Parties Contacted:		_Role:	Date:
		Role:	Date:
		Role:	Date:
3. Action Taken:			
□ Referral for Discipline	□ Detention	□ Law Er	nforcement 🗆 Suspension
□ Referral for Assessment	□ SPED/504 Team	□ Other:	
Referred to:	Role:		Date:
	— •		Date:
Report forwarded to Princip	oal: Date:		-
Report forwarded to Superi	ntendent: Date:		
Signature and Title of Perso	on Filing this Repor	: :	
	Tit	tle:	Date: