

Melissa Independent School District Incident Report Form

Please complete and return this form to the campus principal of your child's school within 48 hours of when you became aware of the alleged incident. If you have any questions or concerns please contact the school where your child attends or the Special Education Department 972-837-2411.

Section A:

Date of Request: _____

Name of Requestor: _____

Student's Name: _____

Classroom/Location of Alleged Incident: _____

Date & Time Alleged Incident Occurred: _____

Reason for Request:

Signature of Person Completing Section A: _____ Date: _____

The following is for district use only.

Section B:

Date District Received Incident Report Form: _____

Date & Time Parent/Guardian was notified: _____

How was Parent/Guardian notified (if in writing, please attach): _____

Video Dates that were Reviewed: _____

Video Reference No: _____ Date Video was Viewed by District

Designee _____ Viewed by Parent _____

Name of District Designee(s) that viewed the video: _____

Description of Contents of Video:

Signature of Designee completing Section B: _____

Date: _____