

# 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:

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Signature of Person Completing Section A: \_\_\_\_\_ Date: \_\_\_\_\_

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*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:

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Signature of Designee completing Section B: \_\_\_\_\_

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