

Monrovia Unified School District
Pupil Personnel Services
325 E. Huntington Drive, Monrovia, CA 91016

Tel No: 626-471-2041
Fax No: 626-471-2076

INCIDENT REPORT

Complete ALL sections or indicate "N/A"

Date of Incident _____ Time _____ School _____

Suspension Violation(s): _____

Incident reported verbally and promptly to Pupil Personnel Services or Superintendent's Office:

Name of Person Taking the Report _____ Date _____ Time _____

Names of Student(s) Involved in the Incident	Grade
1.	
2.	
3.	
4.	

(Please add another page if more students are involved)

P In compliance with Education Codes §48900 (a; b; c); 44014 (Assaults on employees); and 48902 (Assault with a Deadly
A Weapon/s), ALL such incidents shall be:
R Reported to law enforcement authorities:
T

A Name of Person Taking the Report _____ Report Number _____ Date _____ Time _____

P In compliance with Education Code 48915, the Principal shall recommend a pupil's expulsion for any of the acts
A enumerated in EC 48915(a) **unless** the Principal finds and so reports to the Governing Board that expulsion is
R inappropriate, due to a particular circumstance, which shall be explained in the Incident Report.

T **WITHIN TWENTY-FOUR (24) HOURS OF THE INCIDENT**, the Principal shall submit this Incident Report to Pupil Personnel
B Services or Superintendent's Office.

P Please write a brief description of the incident, including your investigation:
A *(Include specific type of weapon/s, injury, and/or assault. Attach additional sheets if needed.)*
R
T
B

I N C I D E N T R E P O R T

Complete ALL sections or indicate "N/A"

P A R T C	WITNESSES:			
		Name	Grade	
		Name	Grade	
	1. _____	_____	4. _____	_____
	Parent/Guardian contacted: <input type="checkbox"/> YES <input type="checkbox"/> NO, because: _____			
	Names of Person(s) contacted:		Relationship:	
	1. _____	_____		
	2. _____	_____		
	3. _____	_____		
P A R T D	ACTION TAKEN (<i>List EC violation/s</i>) TM _____			
	Suspension: <input type="checkbox"/> YES <input type="checkbox"/> NO			
	Further investigation for expulsion:			
	<input type="checkbox"/> YES			
	<input type="checkbox"/> NO. Rationale: <i>As a result of my investigation of the incident, it is my professional judgment that expulsion is not recommended for the following reasons: (Check all that apply.)</i>			
	<input type="checkbox"/>	No intent to harm	<input type="checkbox"/>	Extenuating circumstances/other:
<input type="checkbox"/>	Age of student(s)	_____		
<input type="checkbox"/>	Positive student response to means alternative of correction	_____		
<input type="checkbox"/>	Positive parent/guardian cooperation and follow-up	_____		
<input type="checkbox"/>	No previous incident of this nature	_____		
<input type="checkbox"/>	Discipline record is exemplary	<input type="checkbox"/>	Degree: <i>Does not meet the criteria for "injury" and/or "serious bodily injury" as defined in Penal Code 243.</i>	
P A R T E	INCIDENT REPORT completed by:			
	_____	_____	_____	_____
	Signature	Title	Site	Date
	<input type="checkbox"/> I have reviewed this report.			
Principal	_____	Site	Date	