	SHAKER HEIGHTS CITY SCHOOLS Shaker Heights City Schools						
Date:	STUDENT INCIDENT FORM						
Reported by:	:						
	Signature		Print Name				
Ch	eck one: Student Parent/Guardian Support Staff Other	Specify:					
Description of Incident : (please be factual including who, what, when and where)							
Students Involved:							
	ame:		S	chool:			
FOR OFFIC	E USE ONLY:						

Received by:	Date:	Time:	_
Referred to Administrator:	Date:	Time:	

Complaints Can Be Reported to the Office of Civil Rights

U.S. Department of Education, 600 Superior Avenue East, Suite 750, Cleveland, OH 44114-2611 Telephone: (216) 522-4970, Facsimile: (216) 522-2573, Email: <u>OCR.Cleveland@ed.gov</u>