

## TWIN RIVERS USD - CIVILITY POLICY INCIDENT REPORT

Name: \_\_\_\_\_ Site/Location: \_\_\_\_\_

Today's date: \_\_\_\_\_ Date and time (approximate) of incident: \_\_\_\_\_

Location of incident (office, classroom, hallway, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did you politely and calmly remind the offending person to communicate in a civil manner?  
 Yes  No

If the individual continued to use obscenities or speak in a loud, insulting, and/or demeaning manner, did you notify them that the meeting, conference or telephone conversation will be terminated?  
 Yes  No

Did this occur at a school site or district property?  Yes  No

Did you direct the offending person to leave the premises?  Yes  No

Did you notify the site administrator of the situation?  Yes  No

Was the behavior demonstrated disruptive to the work environment?  Yes  No

**Name of person you are reporting** (if known): \_\_\_\_\_

Is this person a parent/guardian or relative to a student at TRUSD?  Yes  No

Did you feel your wellbeing and/or safety was threatened?  Yes  No

Were there any witnesses to this incident?  Yes  No

Name(s) of witness (es): \_\_\_\_\_

\_\_\_\_\_

Was Twin Rivers Police Department (TRPD) contacted?  Yes  No

Please describe what happened: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(If you need additional space, please use the back of this sheet.)

Signature of Person completing form \_\_\_\_\_

**A copy of this Incident Report should be sent to the Director, Student Services.**