

Claremont High School

A California Distinguished School

1601 North Indian Hill Blvd., Claremont, CA 91711-2719

(909) 624-9053

FAX (909) 624-2128



INCIDENT REPORT

NAME:

ID #:

Choose below

Due process is every student's right. Within the process students have the right to access records and documents about them and be given the opportunity to be heard on any changes. Therefore, an accused student and his/her parents may review this document. This office is committed to ensuring the safety and due process rights of all students.

DATE OF INCIDENT:

APPROX. TIME:

Choose below

I HEREBY CERTIFY THAT THE FOLLOWING REPORT IS TRUE AND THAT THE FOLLOWING INCIDENT OCCURRED:

Please write exactly what you observed or participated in. Note the exact dialogue (including profanity) of the parties involved. Identify people by name (first and last) when possible. Do NOT use "they", "he" or "she".

PLEASE LIST ANY WITNESSES TO THE ABOVE INCIDENT:

SIGNATURE: _____ DATE REPORT FILED: _____