



Exhibit D—Incident Report Form

This form is to be completed by a parent, on behalf of a parent, or by an employee to notify the school of an alleged incident that occurred in a self-contained classroom or other special education setting where audio and video recording equipment is operational.

Upon receipt of this incident report form, appropriate District staff will begin viewing the footage recorded on the date(s) described below to determine whether any indecent(s) as described below were recorded. If the recording documents an alleged incident as defined by law, the District will release, upon request, the recording for viewing by an employee or a parent of a student who is involved in the incident. Depending on the nature of the recorded incident, the District may also be required by law to release the recording for viewing to individuals described in EHBAF (LEGAL), including appropriate personnel or agents of the Department of Family and Protective Services and/or State Board for Educator Certification. For more information, see EHBAF (LEGAL) and (LOCAL).

Contact Information (Please Print)

Name: _____

☐ Parent or on behalf of a parent

☐ District Employee

Home Phone: _____ Mobile Phone: _____

Email Address: _____

Date(s) of alleged incident(s): _____

Time(s) of alleged incident(s): _____

Location(s) of alleged incident(s): _____

List of any witness(es): _____

Describe the incident(s) as clearly as possible, including names of individuals involved and any District policy or law you think may have been violated. (Attach additional pages if more space is needed.)

☐ I am requesting to view the applicable recording.