



Miami-Dade County Public Schools
Personnel Investigative Model - Incident Reporting Form

VICTIM(S)

| | | | |
|-----------------------|--|----------------|--|
| Name: | | ID/Emp # : | |
| Victim's Address: | | Telephone: | |
| Location of Incident: | | Location # : | |
| Location Date: | | Incident Time: | |

| | | | |
|-----------------------|--|----------------|--|
| Name: | | ID/Emp # : | |
| Victim's Address: | | Telephone: | |
| Location of Incident: | | Location # : | |
| Location Date: | | Incident Time: | |

COMPLAINANT(S)

| | | | |
|------------------------|--|------------|--|
| Name: | | ID/Emp # : | |
| Complainant's Address: | | Telephone: | |

| | | | |
|------------------------|--|------------|--|
| Name: | | ID/Emp # : | |
| Complainant's Address: | | Telephone: | |

SUBJECT(S)

| | | | |
|--------------------|--|------------|--|
| Name: | | ID/Emp # : | |
| Subject's Address: | | Telephone: | |

| | | | |
|--------------------|--|------------|--|
| Name: | | ID/Emp # : | |
| Subject's Address: | | Telephone: | |

INCIDENT NARRATIVE (Provide vital details of the incident, if more space is needed, please attach pages to this form.)

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WITNESSES

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|--------------------|--|------------|--|
| Name: | | ID/Emp# : | |
| Witnesses Address: | | Telephone: | |

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|--------------------|--|------------|--|
| Name: | | ID/Emp# : | |
| Witnesses Address: | | Telephone: | |

DESCRIPTION OF OFFENDER

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OFFICIAL USE ONLY (GIU-ONLY)

| | | | | | |
|---|--|----------------|--|--------------|----|
| Date Reported: | | Time Reported: | | Received By: | |
| Was the worksite administration notified? | | | | Yes | No |
| Name of Contact: | | Telephone: | | | |
| SPAR # : | | Date Assigned: | | By Whom: | |