



San Diego Unified School District

ADMINISTRATIVE INCIDENT REPORTING FAX FORM (AIR)

Complete and fax this form to 619-542-5789

Incident # (Assigned by School Police)			
Site Name and Site Number?		Occurred on campus?	Yes ___ No ___
Location? (only if not on campus)			
Date/Time Incident Occurred?		Date/Time Reported?	
Name of Site Administrator?		Was he/she notified?	Yes ___ No ___
Date/Time sent to District Communications:			

Narrative:

(Include description of incident using only ages, grade level and/or title of the individuals involved and whatever action was taken. Do not use names in order to ensure privacy)

Continued: Y / N

Number of Pages: _____ of _____

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