

City of Baker School System

Mandatory Reporting Form

Brief Description of Incident:

Students Involved:

Supervising Teacher/Adult at the Site of the Incident:

School Resource Officer Contacted _____ **Yes** _____ **No**

If yes, please indicate the date and time: _____

If yes, please indicate the name of the School Resource Officer:

Baker Police Department Contacted _____ **Yes** _____ **No**

If yes, please indicate the date and time: _____

If yes, please indicate the name of the Arresting Officer(s):

Reporting Official's Signature: _____ **Date:** _____

School: _____

Email this form to ddavis@bakerschools.org immediately following the incident and send/mail the signed, original form to Mrs. Deborah Davis, Assistant to the Superintendent by the next day after the incident.