

Iosco RESA  
REPORT OF INCIDENT/SUSPENSION FORM

This form must be completed for documentation of injuries and/or unusual circumstances:

INCIDENT ID: \_\_\_\_\_(Leave blank) DATE OF REPORT \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_

DATES and Number of days of suspension: \_\_\_\_\_

INCIDENT REPORT (use separate sheet if necessary): \_\_\_\_\_

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Incident Type:

<input type="checkbox"/> Sexual Attack		
<input type="checkbox"/> Fire Arm Possession: Handgun	<input type="checkbox"/> Fire Arm Possession: Rifle or Shotgun	
<input type="checkbox"/> Fire Arm Possession: Other than Handgun Rifle or Shotgun		
<input type="checkbox"/> Other Weapon Possession:	<input type="checkbox"/> Illicit Drug:	<input type="checkbox"/> Alcohol
<input type="checkbox"/> Bomb or similar Threat	<input type="checkbox"/> Arson	<input type="checkbox"/> Other
<input type="checkbox"/> Physical Violence with Injury	<input type="checkbox"/> Physical Violence without injury	<input type="checkbox"/> Tobacco

ACTION TAKEN (use separate sheet if necessary): \_\_\_\_\_

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Type of Suspension:    ☐ In-School Suspension                      ☐ Out of School Suspension  
                                 ☐ Removal by Hearing Officer                      ☐ Unilateral Removal

Signature: \_\_\_\_\_

Supervisor/Date: \_\_\_\_\_

Copy: Special Education Office