

Birmingham City Schools

Believe. Create. Succeed.

SERIOUS INCIDENT REPORT

School: _____ Principal: _____

Date: _____ Time of Incident: _____

Type of Incident:

- ☐ Gun
- ☐ Knife
- ☐ Another type of weapon _____
- ☐ Assault & Battery
- ☐ Arson

Injuries:

- ☐ Yes ☐ Serious
- ☐ No ☐ Minor

Police Notified:

- ☐ Yes
- ☐ No

Details of Incident: _____

Submitted by: _____

Director of Schools

Date

****Please submit this form to the Superintendent immediately after receiving the information.**