

Twin Rivers USD

Exhibit

Civility Policy

E 1313

Community Relations

CIVILITY POLICY INCIDENT REPORT

Name: _____ Site/Location: _____

Today's date: _____ Date and time (approximate) of incident: _____

Location of incident (office, classroom, hallway, etc.):

Did you politely and calmly remind the offending person to communicate in a civil manner? Yes No

If the individual continued to use obscenities or speak in a loud, insulting, and/or demeaning manner, did you notify them that the meeting, conference or telephone conversation will be terminated? Yes No

Did this occur at a school site or district property? Yes No

Did you direct the offending person to leave the premises? Yes No

Did you notify the site administrator of the situation? Yes No

Was the behavior demonstrated disruptive to the work environment? Yes No

Name of person you are reporting (if known): _____

Is this person a parent/guardian or relative to a student at TRUSD? Yes No

Did you feel your wellbeing and/or safety was threatened? Yes No

Were there any witnesses to this incident? Yes No

Name(s) of witness(es):

Was Twin Rivers Police Department (TRPD) contacted? Yes No

Below, please describe what happened:

If you need additional space, please use the back of this sheet.

Signature of Person completing form _____

A copy of this Incident Report should be sent to the Director, Student Services.