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.