

## Stockton Unified School District Department of Public Safety

Mayra Franco, Chief of Police

## Site Field Report

## **Personnel Involved: Reporting Party Information:** Personnel School Site: **Involved: Your Name** Date of Birth : (First. Last): **Email:** Date of Birth : Title: **Email**: Employee Title: Number: **Employee** Phone: Number: **Extension**: **Phone: Extension:** Additional Personnel Involved: **Incident Details: Damage amount loss: Type of Incident :** \$ **Item Serial number Incident Date:** (Key number): **Approximate time:** Suspect(s) name: Is Police contact Yes or No Yes or No Master key: requested:

Provide a detailed statement on what had occurred during the incident. (Include room number, any identifiers)

What action was taken by the administration?