



# BALTIMORE COUNTY PUBLIC SCHOOLS

## INTERNAL INCIDENT REPORT FORM

### CONFIDENTIAL

**INSTRUCTIONS:** To be completed by the Principal or Supervisor when reporting cases of suspected child abuse, neglect or inappropriate behavior toward a student by a Board employee or service provider in accordance with Board Policy and Superintendent's Rule 4103.

#### REPORTED EMPLOYEE INFORMATION

Name of Reported Employee:	School/Office	Position
Brief Description of the Alleged Incident (Who, What, When, Where):		
_____		
_____		
_____		
_____		

#### STUDENT INFORMATION

Name of Student(s):	First Name:	Last Name:
	First Name:	Last Name:

#### PRESENT STATUS OF CASE (CHECK ALL THAT APPLY)

**REPORTED TO THE DEPARTMENT OF SOCIAL SERVICES (DSS):**

<input type="checkbox"/> Accepted by DSS	<input type="checkbox"/> Declined by DSS	<input type="checkbox"/> DSS Status Unknown	<input type="checkbox"/> DSS not called (no injury reported)
Date of Oral Report: _____	Name of DSS Staff who received oral report: _____		

#### POLICE REPORT FILED:

<input type="checkbox"/> Yes	If Yes, Criminal Complaint No.: _____
<input type="checkbox"/> No	

#### REFERRED TO HUMAN RESOURCES FOR INAPPROPRIATE BEHAVIOR

<input type="checkbox"/> Yes	Name of Community Superintendent/Executive Director Receiving Incident Report:
<input type="checkbox"/> No	_____

#### SIGNATURE OF PRINCIPAL/SUPERVISOR

Printed Name: _____	Date: _____
Signature: _____	

#### FAX COPIES TO:

- \_\_\_\_\_ Community Superintendent/Executive Director (see individual fax numbers)
- \_\_\_\_\_ Office of Investigations and Records Management (Fax 410-296-2158)