

Sweetwater County  
School District Number One  
Elementary Schools  
P.O. Box 1089  
Rock Springs, Wyoming 82902

USE OF FORCE - INCIDENT REPORT

Name(s) of involved student(s) or other persons: \_\_\_\_\_

Date of this report: \_\_\_\_\_

School: \_\_\_\_\_

Date incident occurred: \_\_\_\_\_ Time: \_\_\_\_\_

Playground \_\_\_\_\_ Classroom \_\_\_\_\_ Hallway \_\_\_\_\_

Other: (Specify) \_\_\_\_\_

Describe incident: \_\_\_\_\_

\_\_\_\_\_

Describe any injuries: (Victim, Perpetrator) \_\_\_\_\_

\_\_\_\_\_

Other students or other persons involved: \_\_\_\_\_

\_\_\_\_\_

What action did employee take? \_\_\_\_\_

\_\_\_\_\_

Was student sent to principal? \_\_\_\_\_ At what time? \_\_\_\_\_

Were police called? \_\_\_\_\_

Actions taken by school: \_\_\_\_\_

\_\_\_\_\_

Signature of person completing report: \_\_\_\_\_

(Must be faculty member or employee of  
School District Number One)

Investigated by: \_\_\_\_\_