

BALTIMORE COUNTY PUBLIC SCHOOLS

CONFIDENTIAL Internal Incident Report Form

*To Be Completed by the Principal or Office Head
(Used in Cases of Suspected Child Abuse, Neglect, or Inappropriate
Behavior Toward a Student by an Employee in Accordance with Policy &
Rule 4004)*

Date: _____
Name of Reported Employee: _____ School/Office: _____

Position: _____

Brief Description of Alleged Incident (Who, What, When, Where):

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Present Status of Case (Check all that apply):

1) Reported to Department of Social Services (DSS): _____ Yes _____ No
_____ Accepted by DSS _____ Declined by DSS _____ DSS Status Unknown

2) Police Report Filed: _____ Yes _____ No

If Yes, Criminal Complaint # _____

3) Referred for Consideration as Inappropriate Behavior: _____ Yes _____ No

Name of Executive Director Receiving Referral: _____
*(Internal investigations CANNOT be conducted until investigations by DSS and/or
Police are completed)*

Signature of Principal/Office Head _____

FAX TO:
Area Assistant Superintendent or Executive Director
Superintendent's Designee, Multi-D Team 410.666-2587

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