

Computer/Internet Incident Report

Person Reporting Incident _____

Name of Person _____

Date _____ Time of Incident _____

Location of computer _____

Description of incident

Web Address (if applicable) _____

The incident was determined to be.....

Accidental

Intentional

This portion to be completed by building administrator.

Action taken prior to this referral:

_____ None

_____ Warning and written notification to Principal and
Technology Coordinator

_____ Parent contact

_____ Two-week suspension from networked system

_____ Nine-week suspension from networked system
_____ Eighteen-week suspension from networked system
_____ Restitution
_____ Police notification
_____ Other

Action taken as a result of this incident:

_____ Verbal Warning
_____ Two-week suspension from networked system
_____ Nine-week suspension from networked system
_____ Eighteen-week suspension from networked system
_____ Parent contact (phone)
_____ Parent contact (written)
_____ Restitution
_____ Police notification
_____ Other
_____ Explanation _____

_____ Date

_____ Administrator

Please send a copy of this form to the Technology Coordinator and keep this form for your files. Another copy may be sent to the person reporting the incident.