**Special Education video/audio monitoring INCIDENT REPORT FORM**

*To be completed by a parent or guardian, on behalf of a parent or guardian, or by an employee who notifies the school of an alleged incident that occurred in a self-contained classroom or other special education setting where audio and video equipment is operational.*

*Upon receipt of this incident report form, appropriate District staff will begin viewing the footage recorded on the date(s) described below to determine if any incident(s) as described below were recorded. If the recording documents an incident as defined by law, the District will release, on request, the recording for viewing by an employee or a parent or guardian of a student who is involved in the incident. Depending on the nature of the recorded incident, the District may also be required by law to release the recording for viewing to individuals described in EHBAF (LEGAL) including appropriate personnel or agents of the Department of Family and Protective Services and/or State Board for Educator Certification. For more information, see EHBAF (LEGAL).*

**Requester Contact Information:**

**Name:**

**Home phone:** **Mobile phone:**

**Email address:**

**Date(s) of alleged incident:**

**Time(s) of alleged incident:**

**Location(s) of alleged incident(s):**

**List any witness (es):**

Describe the incident(s) as clearly as possible, including names of individuals involved and any District policy or law you think may have been violated. (Attach additional pages if more space is needed.)

🞎 I am requesting to view the applicable recording.

I hereby certify that the information I have provided is true, correct, and complete to the best of my knowledge and belief.

**Requester Printed Name:**

**Requester Signature:** **Date:**