

Tennessee Department of Education

Student Violent Crime/Victimization Report Form

Contact Information for Person Completing Form

Name:	
Title:	
Address:	
Phone number:	
Fax Number:	

School Where Incident Occurred

School Name:	
School ID # :	
School System:	

Nature of Alleged Crime

Offense(s):	
Date:	
Time:	

Location

- | | |
|---|--|
| <input type="checkbox"/> parking lot
<input type="checkbox"/> bathroom
<input type="checkbox"/> classroom
<input type="checkbox"/> hallway
<input type="checkbox"/> other (please specify): _____ | <input type="checkbox"/> school grounds
<input type="checkbox"/> gymnasium
<input type="checkbox"/> cafeteria
<input type="checkbox"/> special purpose room |
|---|--|

Victim Information

Age:	
Grade:	
Race:	
Sex:	

Perpetrator(s)

- Student
 Nonstudent
 Unknown

Were charges filed?

- Yes
 No

Safe School Choice

Transfer Offered

- Yes
 No

Transfer Accepted

- Yes
 No

Submit this form to:

Artina Fossett
 Office of School Safe and Supportive Schools
 Email: Artina.Fossett@tn.gov