

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
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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:
 Kimberly Daubenspeck
 Office of School Safety and Transportation
 Email: Kimberly.Daubenspeck@tn.gov