

**Catholic Diocese of Jackson
Violence/Criminal Act Reporting Form**

I. Initial Report Report Goes To: Administrator

Reporting Party _____ Position _____

School/Center _____ Location _____

The following unlawful or violent act(s) has or may have occurred on school/center property or at a school/center related activity:

- ___ 1. Any assault resulting in serious physical injury
- ___ 2. Any assault involving use of weapon (specify type ___) or a facsimile
- ___ 3. Any assault on an employee
- ___ 4. Possession of any weapon or other instrument capable of causing bodily harm (see Mississippi Statute §37-11-18 in Appendix) or any facsimile thereof (specify type ___)
- ___ 5. Encouraging, aiding or causing a student to possess a firearm or other weapon
- ___ 6. Possession, use or sale of any controlled substance or alcohol
- ___ 7. Any sexual offense or misconduct
- ___ 8. Murder or other homicide
- ___ 9. Kidnapping
- ___ 10. Any other violent act (an act that causes or attempts to cause death or physical harm to another person)
- ___ 11. Credible threats of violence to employees, students or parents, legal guardians or custodians
- ___ 12. Any other act collectively referred to as "unlawful acts" in this policy and regulation for which a student may be expelled

Date of Incident _____ Time of Incident _____

Location of Incident _____ Victim (if applicable) _____

Alleged Perpetrator _____ Status: ___ employee
Address (if known) _____ ___ student
_____ ___ parent
_____ ___ visitor

Telephone (if known) _____

Parent/Guardian (if applicable) _____

Signature of Reporting Party Date _____ Time _____

**II. Administrator's Report Report Goes to: Local law enforcement agency
Superintendent**

The undersigned administrator has a reasonable belief that the above-reported act(s) has occurred on school/center property or during a school/center-related activity.

Law Enforcement Agency Notified _____

Person Contacted _____ Date _____ Time _____

Signature of Administrator Date _____ Time _____