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) _____________________________

________________________________________ Date _________ Time _________

Signature of Reporting Party

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 _________

________________________________________ Date _________ Time _________

Signature of Administrator