



Stockton Unified School District Department of Public Safety

Mayra Franco, Chief of Police

Site Field Report

Reporting Party Information:

School Site:*

Your Name*
(First, Last):

Date of Birth :* / /

Email :*

Title:*

Employee Number:

Phone:*

Extension:*

Personnel Involved:

Personnel Involved:

Date of Birth : / /

Email :

Title:

Employee Number:

Phone :

Extension:

Additional Personnel Involved:

Incident Details:

Type of Incident :*

Incident Date: *

Approximate time:*

Master key:* Yes or No

Damage amount loss:* \$

Item Serial number*
(Key number):

Suspect(s) name:

Is Police contact requested: Yes or No

Provide a detailed statement on what had occurred during the incident.
(Include room number, any identifiers)

What action was taken by the administration?

*Indicates Mandatory Field- there may be a delay in processing your report if not provided

Email to: policedispatch@stocktonusd.net