



STOCKTON UNIFIED SCHOOL DISTRICT POLICE DEPARTMENT  
 640 NORTH SAN JOAQUIN STREET, STOCKTON, CA 95202 • (209) 933-7085

# SITE FIELD REPORT

| INTERNAL USE ONLY |  |
|-------------------|--|
| CASE #:           |  |

This form is used to document and report incidents occurring at Stockton Unified School District sites, including relevant details about the reporting party, involved personnel, and the nature of the incident. This form must be submitted to the **Stockton Unified School District Police Department at policedispatch@stocktonusd.net** and retained for official records.

**All fields marked with an asterisk (\*) are mandatory and must be completed for the form to be processed.**

| Reporting Party Information (Required) |       |
|--|-------|
| School Site*:                          | _____ |
| Your Name (First & Last)*:             | _____ |
| Date of Birth*:                        | _____ |
| Email*:                                | _____ |
| Title*:                                | _____ |
| Employee Number*:                      | _____ |
| Phone Number*:                         | _____ |
| Extension*:                            | _____ |

| Personnel Involved (If different from reporting party) |       |
|--|-------|
| Name of personnel:                                     | _____ |
| Date of Birth:   | _____ |
| Email:   | _____ |
| Title:   | _____ |
| Employee Number:                                       | _____ |
| Phone Number:  | _____ |
| Extension:   | _____ |
| Additional Personnel Involved:                         | _____ |

| Incident Details   |       |                               |
|--------------------|-------|-------------------------------|
| Type of Incident*: | _____ | Damage amount loss*:          |
| Incident Date*:    | _____ | Item Serial Number*:          |
| Approximate Time*: | _____ | Suspect name(s)*:             |
| Master Key*:       | _____ | Is Police Contact Requested?* |
|                    |       | _____                         |

If reported to another police department, please include their name and case number: \_\_\_\_\_

**Please provide a detailed description of what occurred during the incident (room number, any relevant identifiers):**

**What action was taken by the administration?**