



San Bernardino County Superintendent of Schools
Regional Occupational Program

Report of Incident Form

Please provide a detailed description, or as much information as possible, of the incident/concern using specific concise, objective language (Who, what, where, when, why, and how).

First Name:

Last Name:

Phone Number:

Email Address:

INCIDENT INFORMATION

Occurred From:

Occurred To:

Nature of this Report:

Location of Incident:

Incident Summary:

Incident Narrative:
(Continue on the back
if more space is
needed)

All complaints must be in writing and submitted to the ROP administration. If a student believes their rights have been violated, they may file a complaint within 30 days of the alleged violation. The complaint must be in writing and filed with the ROP administration.

If you would like to submit your concern, please submit the "Report of Incident Form" in person or by email.

ROP Administration Office: San Bernardino Superintendent of Schools ROP
144 North Mt. View Avenue
San Bernardino, CA 92408
Email: ROP.helpdesk@sbcss.net
Phone: 909-252-4561

"Report of Incident Forms" are located in the ROP Administration Office.