



**Weatherford Independent School District
Criminal History Record Information (CHRI)
INCIDENT
REPORTING FORM**

DATE OF REPORT (MM//DD/YYYY): _____

DATE OF INCIDENT (MM/DD/YYYY): _____

NAME: _____

PHONE: _____

EMAIL: _____

LOCATION(S) OF INCIDENT: _____

AREA AFFECTED: _____

METHOD OF DETECTION: _____

DESCRIPTION OF INCIDENT (e.g. access, use, retention, dissemination etc.):

ACTIONS TAKEN/RESOLUTION:

Copy to:

Crime Records Service MCS 0232
Attn: Tina Saenz, Manager
Access and Dissemination Bureau
5805 N Lamar Blvd
P.O. Box 4143
Austin, TX 78765-4143
Tina.Saenz@dps.texas.gov