

## NJDOE County Office Incident/Issue Report

Reporting Information:		Reference # (for Central Office use only) :	
Date:	Time:	County:	
District involved:		School involved:	
Incident/Issue Type:	Personnel	BOE	Student
	Transportation	Special Education	Teacher
			Financial
			Contract
			Community
			Other
Incident reported to county office by (Name & Title):			
Phone:		Email:	
Weblink(s) related to event:			
Key Personnel in Incident/Issue:			
Name:		Phone/email:	
Name:		Phone/email:	
Name:		Phone/email:	
Brief Description of Incident/Issue:			
Students involved:	Yes	No	Police involved: Yes No
District actions:			

**DOE actions:**

**48 Hour follow-up information:**

Once completed form must be emailed to [Paula.Bloom@doe.nj.gov](mailto:Paula.Bloom@doe.nj.gov) and cc'd to [Daryl.Minus-Vincent@doe.nj.gov](mailto:Daryl.Minus-Vincent@doe.nj.gov)