



Division of Human Resources
SUBSTITUTE TEACHER INCIDENT FAX REPORT

Complete this form and FAX a signed copy to (386) 626-0041 within 3 days. The need for timely submission of incident reports is of great importance. The original Substitute Teacher Incident Fax Report will be kept at the school with the documents pertaining to the request.

Substitute Name: _____ Social Security Number: _____
(Last Four Digits)

Date/Time of Incident: _____ Location of Incident: _____
(Name of School)

Nature of Incident: ☐ Classroom Incident ☐ Campus Incident

☐ Unsatisfactory performance of duties

☐ Unprofessional conduct

☐ Failure to report to work (no prior notice to school/center)

☐ Refusal to carry out instructions of administration

☐ Mistreatment of students or staff

☐ Disclosure of confidential or sensitive information (student or staff)

☐ Poor public relations with the community

☐ Continually reporting to assignments late

☐ Other

Provide a detailed account of the facts related to the incident below:

Was Professional Standards Notified? No ☐ Yes ☐

If yes, Name of person contacted: _____ Date: _____

Print Name of Principal or Interim/Assistant Principal

Title

Signature of Principal or Interim/Assistant Principal

Date