

Hearings Department 802 Mayflower Street Baton Rouge, LA 70802 Office (225) 456-5139, Fax (225) 456-2757

Administrator's Case Narrative

STUDENT NAME:	_ SCHOOL:	GRADE:	
DATE OF INCIDENT:	TIME	TIME OF INCIDENT:	
STATEMENT OF INCIDENT			
(USE ADDITIONAL SHEETS IF NECESSARY TO COMPLETE STATEMENT)			
PLEASE NOTE WHO? WHAT? WHEN? WHERE? WHY? HOW?			
	_		
INVESTIGATING ADMINISTRATOR	D/	ATE	
Print Name (Investigating Administrator):			