



Hearings Department  
Child Welfare and Attendance  
1120 Government Street  
Baton Rouge, LA 70802  
Office (225) 239-7870, Fax (225) 227-2841

### Administrator's Case Narrative

STUDENT NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_ TIME OF INCIDENT: \_\_\_\_\_

#### STATEMENT OF INCIDENT

(USE ADDITIONAL SHEETS IF NECESSARY TO COMPLETE STATEMENT)

**PLEASE NOTE WHO? WHAT? WHEN? WHERE? WHY? HOW?**


\_\_\_\_\_  
INVESTIGATING ADMINISTRATOR

\_\_\_\_\_  
DATE

Print Name (Investigating Administrator): \_\_\_\_\_

