



Hearings Department  
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## 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):* \_\_\_\_\_