

SALINAS UNION HIGH SCHOOL DISTRICT
431 West Alisal Street
Salinas, California 93901

MALICIOUS MISCHIEF AND THEFT REPORT FORM

1. School where incident occurred: _____
 School Address: _____
 Principal: _____
2. Person reporting incident: _____
 Address: _____ Phone: _____
3. Probable date(s) incident occurred: _____
4. Estimated time incident occurred: _____
5. Date reported: _____ Time Reported: _____
6. Location of incident in the school: _____
7. Type of incident (describe; use additional page if necessary): _____

8. Entry (if applicable) was made by: _____

9. Estimated cost of damage (other than those in #13): _____
10. Persons who may have knowledge of incident

	1.	Name	Address	Phone
	2.	Name	Address	Phone
11. Police called? Yes _____; No _____
12. Fire Department called? Yes _____; No _____
13. List of items missing:

Type	Mfg.	Prop. Number	Serial Number (if any)	Estimated Cost
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(Signed) _____
Principal

Distribution: Please forward all except your file copy to the Assistant Superintendent-Business Services' office who will distribute as follows:
 WHITE - Property Record Department PINK - Salinas Police Department
 CANARY - Business Office GOLDENROD - School