

NORTH SYRACUSE CENTRAL SCHOOL DISTRICT VANDALISM REPORT

Date of Vandalism: _____ **Time of Vandalism (if known):** _____
Date of Report: _____

Location: _____

Type of Vandalism: _____

Person(s) Responding: _____

Report submitted by: _____

Description of Vandalism: _____

Police Dispatched: _____ **Yes** _____ **No**

Police Agency: _____

Principal Notified: _____ **Yes** _____ **No**

Maintenance & Operations Notified: _____ **Yes** _____ **No**

Signature

Date