



# Clayton County Public Schools

Department of Safety & Security

School Police Department

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**Dr. Morcease J. Beasley**  
*Superintendent of Schools*

**Thomas Y. Trawick, Jr.**  
*Chief of Police*

## Clayton County School Police Department Report Request Form

Please allow five (5) business days for processing, once you have completely filled out the request form and submitted it for a copy of your report.

**Date:** \_\_\_\_\_

**Date of Incident:** \_\_\_\_\_

**Case Number:** \_\_\_\_\_

**Incident Type:** \_\_\_\_\_

**Incident Location:** \_\_\_\_\_

**Name of victim/complainant:** \_\_\_\_\_

**Reporting Officer:** \_\_\_\_\_

**Requestor Name and contact #:** \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

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### OFFICE USE ONLY

**Name of official releasing the report:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Requestor:** \_\_\_\_\_ **Signature** \_\_\_\_\_

PRINT NAME