Incident Report

Please fill out ALL of the following information for the incident. Include students’ first and last name, time, and place of the incident, and what role you served. Turn this form in to your teacher after you are finished. He/she will follow up with administration as needed. If this incident is about an issue with a staff member, please turn this report in directly to the front desk or an administrator.

Today’s Date_________ Name_________________________ Grade_______
Day and Time of the Incident________________________________________
Where did the incident occur? _______________________________________
Did you tell a teacher, bus driver, or staff member?______________________
Witnesses: First and Last Names_______________________________________

Your Class Schedule: 1st__________________ 2nd_________________ 3rd___________
4th_________________ AP_________________ 5th_________________

Student: Please explain in full detail what happened________________________

___________________________________________________
___________________________________________________
___________________________________________________
___________________________________________________
___________________________________________________
___________________________________________________
___________________________________________________
___________________________________________________
Teacher: Please describe what you witnessed and/or actions taken to resolve this issue.

Teacher Signature ________________________________ Date __________________

For Office Use Only: Review/Investigation Notes/Actions Taken

Administrator’s Signature ________________________________ Date __________________

******* Place copies in student’s files after Review/Investigation Notes/Actions Taken.*******