



STUDENT INCIDENT REPORT

*Report needs to be complete in order to be valid! Please answer ALL questions

Your Name: _____ DATE: _____ Grade _____

Where did Incident Take Place? _____ Estimated Time of Incident: _____ AM/PM

Who are you Giving This Report To: (Discipline staff member's Name) _____ Time of Report _____ Date of Report _____

Reason for Incident: Please circle: Major Offense/ Peer Conflict/Teacher-Peer Conflict/ General information: Other: _____

Using as Many Details, Tell me What Happened (Who, What, Where, and When did this happen):

Do you feel safe on campus? Yes / No

Were you, or are you now, afraid that you might get hurt by another person at school? Please circle one: YES/ NO

List All Those Involved or Possible Witnesses: (Who can I ask to gather more Information)

PARENT/Guardian PHONE NUMBER: _____ Parent's Name _____

What should you do next time? How should you handle this differently, next time?

STAFF USE ONLY

Parent Contacted Time/Date: _____

Outcome of Incident: _____

DATE REPORT WAS RESOLVED: _____ Student Signature: _____

By signing you have agreed you have discussed and resolved the issues.

SIGNATURE OF STAFF MEMBER WHO followed up on THE REPORT: _____