

INCIDENT REPORT

Name of Student(s): _____

Date Incident Occurred: _____ Time of Incident: _____

Location of Incident: _____

Staff Involved: _____

Parent/Guardian Contact: Date: _____ Time: _____ Contacted By: _____

Police Contact: Y/N _____

Medical Attention: _____

Description of Incident: (please be as specific as possible – include all people involved, timeline and location(s):

Date Submitted: _____

Reported By: _____

***** ADMINISTRATIVE USE *****

Action Taken: _____

Administrator's Signature: _____

White: Student File

Yellow: Teacher

Pink: Administration