

Student Incident Reporting Form



Please answer **all** questions to the best of your ability.

1. Today's date: _____

2. Who are the person or people who were involved in the incident?

a. _____

b. _____

c. _____

d. _____

3. Describe what happened.

4. Where did it happen? (Please check one.)

classroom hallway bathroom school bus playground cafeteria

5. If the incident happened in the hallway please say where.

6. When did the incident happen? (Date) _____ (Time) _____

7. Were there any witnesses? (Please write names.)

a. _____

b. _____

c. _____

8. Who do you wish to talk to? Principal Dean Social Worker Your Counselor

Psychologist Teacher _____ *(Please write the teacher's name.)*

9. What is your name? _____

10. Principal's Signature: _____