

STUDENT INCIDENT REPORT FORM

Name of Person Filling out report: _____ Grade: _____

Names of those involved: _____

Witnesses: _____

Date and Approximate Time of Incident: _____

Where did the incident occur? _____

Describe, to the best of your ability, the incident:

Signature of person writing statement

Date

Incident Response

Report Received By:	Date Report Received:
Investigation Notes:	
Determined to be... (circle one) Bullying/Harassment Conflict Other	If Bullying/Harassment (circle type) Physical Social Emotional Cyber Sexual Other Bullying on the basis of (circle if applicable) Sex Disability Race/color/national origin Other
Outcome:	

Administrator Signature

Date

Please turn in the original report to the counseling office to be filed.