

Incident Report Form

Date: _____

Student Name: _____

(optional)

Details of the incident(s):

Name of the victim(s):

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Name of the student(s) causing the problem(s):

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Date the incident(s) happened:

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Time the incident(s) happened:

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Name(s) of anyone else who might know what happened:

Describe the incident(s) as clearly as possible, including such things as: what force or physical contact, if any, was used; any verbal statements such as threats, requests, or demands; and any electronic methods, including email, social media, and such.

Administrator receiving report:

Date: