



INCIDENT REPORT FORM

Date of Incident: _____ Time of Incident: _____ Repeat Infraction? Yes No

Location of Incident (circle all that apply):

Hallway Restroom Classroom Gym Lunch Room Playground Bus Stop On Bus
Parking Lot School Sponsored Event Text/Phone/Internet/Social Media Other: _____

Name of victim(s): _____ **Name of student(s) Involved:** _____ **Name of witnesses:** _____

Type of Incident (circle all that apply):

- Verbal
- Physical
- Relational

Incident Behaviors (circle all that apply):

Shoved/Pushed Hit, Kicked, Punched Threatened Stole/Damaged Possessions
Excluded Taunting/Ridiculing Writing/Graffiti Told Lies or False Rumors
Staring/Leering Intimidation/Extortion Demeaning Comments
Inappropriate touching Other: _____

Reported to school by (circle all that apply):

Teacher Student Victim/Target Parent Bus Driver Anonymous Other: _____

Describe the Incident:

Physical Evidence? Notes E-mail Graffiti Video/Audio Website Other: _____

Actions Taken:

Consequences: _____
Remediation: _____
Referral for additional support servicers: _____
Parent Contact: Date _____ Time _____ Person making contact _____
Result: _____

Today's Date: _____ **Reported by:** _____ **Signature:** _____