REGION 10 SAFE SCHOOLS INITIATIVE
INCIDENT REPORTING FORM

Name of Reporter: ___________________________ Date of Report: _____________

Phone #: ___________________ Email: _______________________________________

You are a: __Student  __Staff Member  __Administrator  __Parent  __Other (specify)____

Student Name: ___________________________ School: __________________ Grade: ______

*INFORMATION ABOUT THE INCIDENT:

Date of Incident: _______________ Time When Incident Occurred: _______________

Incident Location (be as specific as possible): _______________________________________

Describe the details of the incident (the names of persons involved, what occurred, and what each person did and said, including specific words used)

You may attach another paper or use the reverse side of this form.

*WITNESSES: (List people who saw the incident or have relevant information about the incident):

Name: ___________________________  ____ Student  ____ Staff  ____ Other: _____________

Name: ___________________________  ____ Student  ____ Staff  ____ Other: _____________

Name: ___________________________  ____ Student  ____ Staff  ____ Other: _____________

Signature of Reporter: ___________________________________ Date: ______________

Form Submitted to: ___________________ Position: __________ Date: _____________

Signature ____________________________________ Date: _____________

Revised 7/01/2014