

STUDENT INCIDENT REPORT

Your Name: _____ **Grade:** 6 7 8

Role: ___ I am the Victim ___ I Saw It ___ I Did It

Today's Date: _____ **Incident Date:** _____

Who are the students involved? _____

Other Victim(s): _____

Other Witness(es): _____

Location of the Incident: _____

*** Draw a map of the incident site on the back of this sheet**

Time of Incident: (approximate) _____ **AM/PM**

Type of incident: _____ Verbal _____ Physical
_____ Argument _____ Bullying _____ Fight _____ Theft
_____ Vandalism _____ Other: _____

What happened?

Is this an ongoing problem? _____

Was it planned? _____

Self-defense? _____

Plan: _____

Notification (parent and others) _____

Student Signature: _____ **Admin Signature:** _____