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: ___________________