

Incident Report Form

Name of Reporter: _____ Date: _____

Date of Incident: _____

Time of Incident: _____

Location of Incident: _____

Incident:

Additional Information:

To the best of my knowledge all of the above information is true.

Signature: _____ Date: _____

Please return form to school site administrator.

Official Use Only

Resolution:

<input type="checkbox"/>	Resolution by informal mediation process
<input type="checkbox"/>	
<input type="checkbox"/>	Unresolved/ Investigation procedures initiated

Administrator's Signature: _____

Date: _____