

SCHOOL INCIDENT REPORT

School Name: _____ Incident Report No.: _____

Reporter Information:

Full Name: _____

Position/Relationship to Student: _____

Contact Information (Phone/Email): _____

Student Information:

Full Name: _____

Grade/Class: _____

Date of Incident: _____

Time of Incident: _____

Incident Details:

Describe the incident in detail including what happened, where it happened, who was involved, and any other relevant information.

Witness Information (if any):

Full Name(s): _____

Contact Information: _____

Action Taken:

Describe any immediate actions taken in response to the incident, including notifications to authorities, parents, or school officials.

Follow-up and Resolution:

Detail any follow-up measures planned or taken, including counseling, disciplinary actions, or monitoring, and notes on resolution or outcomes.

Additional Comments:

Include any other relevant information or observations pertinent to the incident.

Legal Compliance and Acknowledgment:

This Incident Report is made in good faith and is accurate to the best of the reporter's knowledge. All parties acknowledge that this report will be maintained as part of the school's official records and handled in compliance with applicable federal, state, and local laws governing student privacy and incident reporting.

REPORTER'S SIGNATURE

ADMINISTRATOR'S SIGNATURE

Date: _____

Date: _____

Signature: _____

Signature: _____

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