

Kristi K. Jensen, Principal

INCIDENT REPORT FORM

STUDENT NAME: _____

GRADE: _____ DATE: _____

DATE & TIME OF INCIDENT: _____

LOCATION: _____

INCIDENT TYPE:

Examples: Name calling, Verbal altercation,
Physical altercation, Tobacco, Alcohol, Drugs,
*Harassment, *Bullying, *Threat, Theft, Parking
Lot Accident

***If this is a potential Dignity Act Violation (Harassment/Bullying/Threat) → Complete backside.**

NAMES OF STUDENTS INVOLVED AND THEIR ROLES: Offender – Witness - Victim

DESCRIPTION OF INCIDENT: _____

Student Signature: _____

I agree that all of the information on this form is accurate and true to the best of my knowledge.

TO BE FILLED OUT BY ADMINISTRATOR:

RESULTS OF INVESTIGATION: _____

ADMINISTRATOR SIGNATURE: _____

DATE: _____