

Kristi K. Jensen, Principal

INCIDENT REPORT FORM

NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE & TIME OF INCIDENT: \_\_\_\_\_

LOCATION: \_\_\_\_\_

INCIDENT TYPE:

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DESCRIPTION OF INCIDENT: (Use back if needed): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: \_\_\_\_\_