

Student Incident Report Template



REPORTED BY: _____

DATE OF REPORT: _____

TITLE / ROLE: _____

INCIDENT NO.: _____

STUDENT INCIDENT INFORMATION

STUDENT NAME: _____

GRADE LEVEL: _____

DATE OF INCIDENT: _____

TIME OF INCIDENT: _____

LOCATION: _____

SPECIFIC AREA OF LOCATION: _____

ADDITIONAL PERSON(S) INVOLVED: _____

WITNESSES: _____

INCIDENT DESCRIPTION:

DESCRIPTION OF UNACCEPTABLE / UNSAFE BEHAVIOR OR CONDITIONS *(if applicable)*:

RESULTING ACTION EXECUTED OR PLANNED:

EMPLOYEE NAME: _____

EMPLOYEE SIGNATURE: _____

DATE: _____

SUPERVISOR NAME: _____

SUPERVISOR SIGNATURE: _____

DATE: _____

~~OPTIONAL~~
STUDENT NAME: _____

STUDENT SIGNATURE: _____

DATE: _____