



STUDENT INCIDENT REPORT
WITNESS STATEMENT

Your name: _____ Grade: _____ ID#(Lunch#): _____

Today's date: _____ Date of the incident: _____ Time of incident: _____

Student(s) with whom there is a concern: _____

Name of adult notified, and the date you notified them: _____

Action taken by the adult: _____ Have parents been notified? Yes/No

Witness(es): _____

Timeframe and Location of incident (check all that apply)

____ Before School ____ After school ____ Passing period to ____ (period)
____ On campus ____ Off campus ____ YMCA

Period: ____ 1st ____ 2nd ____ 3rd ____ 4th (____ A Lunch ____ B Lunch ____ C Lunch) ____ 5th

Place(s) where the incident occurred: (check all that apply)

____ cafeteria ____ classroom ____ restroom ____ gym
____ hallway ____ bus (bus #____) ____ playground
____ other (explain): _____

What specifically happened? What did you see? What did you hear?

(continue on back if needed)

Resulting action executed or planned by staff member: (to be completed by the responding staff member)

_____ Initials: _____ Date: _____

*****OFFICE USE ONLY*****

Date received: _____ Time Received: _____ Initials: _____