

**Region 10 Safe School Initiative
INCIDENT REPORTING FORM**

Name of Reporter: _____ Date of Report: _____
Phone Number: _____ Email: _____
You are a: ___ Student ___ Staff Member ___ Administrator ___ Parent Other: _____
Student Name: _____ School: _____ Grade: _____

Information about the incident:

Date of Incident: _____ Time When Incident Occurred: _____
Incident Location (be as specific as possible): _____

Describe the details of the incident (the names of persons involved, what occurred, and what each person did and said, including specific words used). *You may attach another paper or use the reverse side of this form.*

Witnesses: (List people who saw the incident or have relevant information about the incident)

Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Staff	<input type="checkbox"/> Other: _____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Staff	<input type="checkbox"/> Other: _____
Name: _____	<input type="checkbox"/> Student	<input type="checkbox"/> Staff	<input type="checkbox"/> Other: _____

Signature of Reporter: _____ Date: _____

Form Submitted to: _____ Position: _____ Date: _____

Signature: _____ Date: _____