

**REGION 10 SAFE SCHOOLS INITIATIVE
INCIDENT REPORTING FORM**

Name of Reporter: _____		Date of Report: _____	
Phone #: _____	Email: _____		
You are a: <input type="checkbox"/> Student <input type="checkbox"/> Staff Member <input type="checkbox"/> Administrator <input type="checkbox"/> Parent <input type="checkbox"/> Other (specify) _____			
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: _____