

INCIDENT FORM

Date:	Reporting Person:
Date of Incident:	Contact number:
Location of Incident:	Time of Incident:

<u>Name of Complainant(s):</u>	<u>Name of Perpetrator (s):</u>	<u>Name of Witness(es):</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Type of Behavior Experienced/Observed (circle all that apply):

- | | | | |
|-------------------|-----------------|------------------|---------------------------|
| Called Mean Names | Excluded | Physical Contact | Told Lies or False Rumors |
| Threatened | Racial Comments | Sexual Comments | Took/Damaged Possessions |

Other (explain) _____

Describe the Incident (attach additional documents if needed):

Form Completed by: _____ **Date:** _____

Physical Evidence? Yes or No, List _____

Repeat Infraction? Yes or No, Step _____, describe _____

Parent Contact? Yes or No _____

Case Founded? Yes or No – Explain: _____

Intervention needed? Yes or No _____

Actions taken: _____

Follow up needed? Yes or No _____