

**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: _____ Student Staff Other: _____

Name: _____ Student Staff Other: _____

Name: _____ Student Staff Other: _____

Signature of Reporter: _____ **Date:** _____

Form Submitted to: _____ **Position:** _____ **Date:** _____

Signature _____ **Date:** _____