

Incident Reporting Form

Name:	Grade Level:	School:	
Parent: <input type="checkbox"/> OR Student: <input type="checkbox"/>		Incident Type: <input type="checkbox"/> Minor OR <input type="checkbox"/> Major	
Incident Day / Date / Time:		Reported By:	Date Reported:
Incident Site (Where)			
<input type="checkbox"/> Classroom	<input type="checkbox"/> Hallway	<input type="checkbox"/> Office	<input type="checkbox"/> Gym
<input type="checkbox"/> Restroom	<input type="checkbox"/> Library	<input type="checkbox"/> Cafeteria / Commons Area	<input type="checkbox"/> Off Campus
		<input type="checkbox"/> Parking Lot /Loading	<input type="checkbox"/> Other:
Incident Type (What)	Motivation (Why)	Previous Action (History)	
Major Minor <input type="checkbox"/> <input type="checkbox"/> Inappropriate Language / Gesture <input type="checkbox"/> <input type="checkbox"/> Fighting – Physical Aggression <input type="checkbox"/> <input type="checkbox"/> Defiance – Insubordination <input type="checkbox"/> <input type="checkbox"/> Cheating – Copying – Plagiarism <input type="checkbox"/> <input type="checkbox"/> Bullying – Harassment – Intimidation <input type="checkbox"/> <input type="checkbox"/> Disruption (Classroom or School) <input type="checkbox"/> <input type="checkbox"/> Reporting to class / activity late <input type="checkbox"/> <input type="checkbox"/> Skipping Class / Activity <input type="checkbox"/> <input type="checkbox"/> TAD (Tobacco / Alcohol / Drugs) (circle) <input type="checkbox"/> <input type="checkbox"/> Theft <input type="checkbox"/> <input type="checkbox"/> Vandalism <input type="checkbox"/> <input type="checkbox"/> Weapons <input type="checkbox"/> <input type="checkbox"/> Other	<input type="checkbox"/> Avoid Adults <input type="checkbox"/> Avoid Peers <input type="checkbox"/> Avoid Task or Activity <input type="checkbox"/> Obtain Attention <input type="checkbox"/> Obtain Items <input type="checkbox"/> Do Not Know <input type="checkbox"/> Will Not Tell <input type="checkbox"/> Other:	<input type="checkbox"/> Verbal Reprimand <input type="checkbox"/> Verbal Warning <input type="checkbox"/> Parent Contact <input type="checkbox"/> Student Conference <input type="checkbox"/> Parent Conference <input type="checkbox"/> Detention / JUG <input type="checkbox"/> Referred to School Administration <input type="checkbox"/> Other:	
		Adult(s) Involved	Name(s)
		<input type="checkbox"/> Faculty	
		<input type="checkbox"/> Support Staff	
		<input type="checkbox"/> Peers	
		<input type="checkbox"/> Guest Teacher	
		<input type="checkbox"/> None	
Incident Description			
Administrative Action			
Parents Contacted <input type="checkbox"/> Yes –		Time:	
<input type="checkbox"/> Time in Office	<input type="checkbox"/> Student Conference	<input type="checkbox"/> Detention / JUG on:	<input type="checkbox"/> Community Service:
<input type="checkbox"/> Loss of Privilege	<input type="checkbox"/> Apology Letter	<input type="checkbox"/> Saturday School on:	<input type="checkbox"/> Suspension (See Below)
<input type="checkbox"/> Restitution	<input type="checkbox"/> Expulsion Recommended (See Below)		
School Suspension	<input type="checkbox"/> In School	Number of Days:	From: : / / To: / /
	<input type="checkbox"/> Out of School	Number of Days:	From: : / / To: / /
Explanation of Action Taken:			

Administration Signature: _____

Date: _____
 See Back Side for further details: