**Student Incident Report
Template**

Please complete all applicable sections of this form as soon as possible after the incident occurs. Be objective and factual. Submit the completed form to the designated school administrator or incident response team.

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| **Basic Information** |
| Date of report: |  | Time of report: |  |  |
| Name of reporting staff: |  | Position / Role: |  |  |
| Contact information: |  |  |

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| **Student Information** |
| Full name of student involved: |  | Grade / Class: |  |  |
| Student ID (if applicable): |  | Teacher / Advisor name: |  |  |

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| **Incident Details** |
| Date of incident: |  | Time of incident: |  |  |
| Location: |  |  |
|  |  |  |  |  |  |
| Type of incident: | [ ]  Physical altercation[ ]  Verbal conflict[ ]  Academic misconduct[ ]  Bullying or harassment[ ]  Vandalism[ ]  Safety violation |  | Description of incident: *(Give an objective, detailed account of what occurred. Use additional pages if necessary.)* |  |  |
| [ ]  Other: |  |

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| **Individuals Involved** |
| **Other students involved** *(if any)***:** |
| Name(s): |  |

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| **Staff / Witnesses involved** *(if any)***:** |
| Name(s): |  |

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| **Actions Taken** |
| **Immediate action taken by staff:** |  |
| **Student removed from situation?** | [ ]  Yes | [ ]  No |  |  |
| **First aid administered?** | [ ]  Yes | [ ]  No |  |  |
| **Parents / Guardians notified?** | [ ]  Yes | [ ]  No |  |  |
|  | If yes, by whom and when: |  |  |

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| **Administrative Follow-Up** *(to be completed by Administrator)* |
| Date reviewed: |  | Administrator name: |  |  |
| **Recommended / Assigned disciplinary action** (if any): |
| [ ]  Verbal Warning[ ]  Parent Conference[ ]  Detention[ ]  Suspension[ ]  Counseling Referral |  | Notes or comments |  |  |
| [ ]  Other: |  |  |  |

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| **Name** | **Signature** |  | **Date** |
| Reporting staff member: |  |  |  |
| School administrator: |  |  |  |
| Student (if required): |  |  |  |
| Parent / Guardian (optional): |  |  |  |

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