

Student Incident Report Form

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_ Grade: \_\_\_\_\_

I am completing this form because:

- I have a problem and I am asking for help to solve it.
- I was sent to the office by a staff member.
- I was a witness to an event.
- I am reporting harassment, intimidation, threats, or bullying.
- I was asked to complete this form by an adult.
- Other: \_\_\_\_\_

Who was involved? \_\_\_\_\_

Where and when did it happen? \_\_\_\_\_

Who are the witnesses? \_\_\_\_\_

Explain in detail what happened and any relevant history. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I take responsibility for: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I could have prevented the problem by: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The above statement is true and correct to the best of my knowledge.

\_\_\_\_\_  
Student Signature

Turned in to: \_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
Recorded By

Staff Interview Notes / Resolution:

Date: \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Counselor / Administrator Signature: \_\_\_\_\_