



# Inter-Lakes Cooperative School District Student Violence Incident Report Form

**Assistance**  
**ILES:** Principal,  
Assistant Principal,  
Student Services  
Coordinators (starting  
July 2024)  
**ILMHS:** Principal, Dean  
of Students/Operations  
**SCS:** Principal

*Please complete the form below if you were involved in a violent incident in which a student(s) was the aggressor. If you are an employee and were injured, complete a Workers' Compensation First Report of Injury Form instead of this form.*

**Personal Information**

Victim's Name: \_\_\_\_\_  Employee  Volunteer  Visitor

Location of Incident: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Student's Name (if known): \_\_\_\_\_

Did the incident involve a weapon?  No  Yes (type) \_\_\_\_\_

Please describe incident:

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

If you are a contracted service provider, volunteer, or visitor, please describe your injuries:

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

Name(s) of witness(es):

\_\_\_\_\_

Have you had any interaction with the aggressor prior to the incident?

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

\_\_\_\_\_  
Report completed by (Print Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Inter-Lakes Cooperative School District**  
**Student Violence Incident Investigation Form**  
**(For Administrative Use)**

Name: \_\_\_\_\_  Victim     Witness

Victim's Name: \_\_\_\_\_  Employee  Volunteer  Visitor

Location of Incident: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

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Student's Name (if known): \_\_\_\_\_

Did the incident involve a weapon?  No  Yes (type) \_\_\_\_\_

Please describe incident:

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What do you think were the main factors that contributed to the incident?

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What can be done differently to prevent similar incidents from happening in the future?

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**Questions** (*can be answered by Director of Student Services*):

**Yes: No:**

Does this student currently have a behavior plan?		
Does this student currently have an IEP?		
Were CPI Protocols implemented?		
Was the aggressor involved in previous incidents?		

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Report completed by (Print Name)

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Signature

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Date