**Gallia County Local Schools**
**Miscellaneous Incident Report Form**

Date: _____ Time: _____

The following incident occurred at (Building Name): _____

In the (Location): _____

Incident:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Witness(es):

_____
_____

Action Taken:

_____
_____
_____
_____
_____
_____
_____
_____

Copy to the Superintendent

Maintain original for student record