

SUSD- Student Incident Report

Date:

Student Name: _____

School: _____ Grade: _____ Teacher: _____

The undersigned voluntarily provides the following statement:

1. Please provide the date and time – when the incident occurred

Date:

Time:

2. Where did the incident take place?

3. Who was involved in this incident?

4. Please describe what happened – provide as many details as possible:

5. Please describe why you believe this happened (include prior events/causes)

6. Please list any witnesses

Student Signature _____

Teacher Signature (If assisting with this form) _____

Administrator Signature _____

