



Inter-Lakes Cooperative School District Student Violence Incident Report Form

Assistance
ILES: Principal, Assistant Principal, Student Services Coordinator
ILMHS: Principal, Dean of Students/Operations, Student Services Coordinator
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
 Contracted Service Provider

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)

Your Name: _____

Victim's Name: _____ Employee Volunteer Visitor
 Contracted Service Provider

Location of Incident: _____ Date of Incident: _____

Student's Name (if known): _____

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

Please describe incident:

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

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

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?		

Report completed by (Print Name)

Signature

Date