



Hattiesburg Public School District
Student Incident Report Form
 A.I.R it Out Form → Avoid, Ignore, and Report

Name _____

Date _____

Persons Involved: (Please include names, titles, and phone numbers)
1.
2.
3.
4.
5.
6.

Incident Description (Include date & location of incident, witness and if injury occurred)

Actions taken by Administrator

Student Signature

