

Incident Report Form

Your Name: _____ Grade: ____ Advisory Teacher: _____

Date of Incident: _____

What Happened?

Who is involved:

Person(s) causing harm: _____

Person(s) being harmed: _____

How often is this happening?

It is the first time Daily Weekly Monthly

What steps have you taken to resolve the issue?

- I told them to stop
- I told an adult at school (teacher/counselor/bus driver/nurse)
- I told my parent
- I ignored them/walked away
- I moved away from them
- I met with my teacher with the other student(s) to resolve it