

INCIDENT REPORT - ELEMENTARY

SCHOOL: _____ DATE: _____

DATE AND TIME OF INCIDENT: _____

LOCATION OF INCIDENT (I.E., PARKING LOT, CLASSROOM, ETC.):

NAME OF INDIVIDUALS INVOLVED IN THE INCIDENT AND THEIR CAPACITY (I.E., STUDENT, TEACHER, CUSTODIAN, ETC.):

DESCRIPTION OF INCIDENT:

SIGNATURE OF PRINCIPAL: _____

The purpose of this report is to give a brief description of any "incident" occurring in your building, parking lot, etc. Submit a copy of this report to the Superintendent and Elementary Office as soon as possible after the incident.