

Student Incident Report Form

Thompson Public Schools

Incident reports must be faxed to Superintendent's Office as soon as possible but by the end of the school day: 860-923-9638

Report By: _____ Date of Report: _____

Title/Role: _____ School: _____

Student Incident Information

Student Name: _____ Grade: _____

Date of Incident: _____ Time of Incident: _____ am/pm

Location: _____

Specific Area of Location: _____

Additional Person(s) Involved: _____

Witnesses: _____

Incident Description: _____

More lines on reverse side.

Description of Unacceptable Behavior or Conditions: _____

Resulting Actions: _____

Employee Name: _____ Date: _____

Employee Signature: _____

Supervisor Name: _____ Date: _____

Supervisor Signature: _____