

Student Incident Report

Student Name: _____ Date: _____

Place: _____ Time: _____

Where did the incident happen? _____

List any witnesses to the incident:

1. _____

2. _____

3. _____

Was the incident reported to an adult? Yes _____ No _____

If yes, to whom: _____

Describe what happened: _____

Were there any noticeable injuries (do not give a diagnosis, but a description)?

Student Signature: _____

Signature of Person Completing the Form: _____

After completing the form, return to:

New York Conference Office of Education, P O Box 15502, Syracuse NY 13215

Office Use Only
DO NOT WRITE ON THIS SIDE

Other comments on incident: _____

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Comments: