INCIDENT REPORT

Date: ________________________ Time: ________________________ Location: ________________________

Persons Directly Involved in the Incident

Name: ________________________ Position (e.g., student, staff, parent): ________________________

Name: ________________________ Position (e.g., student, staff, parent): ________________________

Name: ________________________ Position (e.g., student, staff, parent): ________________________

Name: ________________________ Position (e.g., student, staff, parent): ________________________

Name: ________________________ Position (e.g., student, staff, parent): ________________________

Name: ________________________ Position (e.g., student, staff, parent): ________________________

Witnesses

Name: ________________________ Position (e.g., student, staff, parent): ________________________

Name: ________________________ Position (e.g., student, staff, parent): ________________________

Name: ________________________ Position (e.g., student, staff, parent): ________________________

Name: ________________________ Position (e.g., student, staff, parent): ________________________

Name: ________________________ Position (e.g., student, staff, parent): ________________________

Name: ________________________ Position (e.g., student, staff, parent): ________________________

Critical incident description:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Was the incident violent? ________________________ Was property damaged? ________________________

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