**STUDENT INCIDENT REPORT FORM**

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| **REPORTED BY:** |  |  | **DATE OF REPORT:** |  |
| **TITLE / ROLE:** |  |  | **INCIDENT NO.:** |  |

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| **STUDENT INCIDENT INFORMATION** | | | | | | | | |
| **STUDENT NAME:** | |  | | | |  | **GRADE LEVEL:** |  |
| **DATE OF INCIDENT:** | |  | | | |  | **TIME OF INCIDENT:** |  |
| **LOCATION:** |  | | | | | | | |
| **SPECIFIC AREA OF LOCATION:** | | | |  | | | | |
| **ADDITIONAL PERSON(S) INVOLVED:** | | |  | | | | | |
| **WITNESSES:** | | |  | | | | | |
|  | | | | |  | | | |
| **INCIDENT DESCRIPTION:** | | | | | | | | |
|  | | | | | | | | |
| **DESCRIPTION OF UNACCEPTABLE / UNSAFE BEHAVIOR OR CONDITIONS *(if applicable)*:** | | | | | | | | |
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| **RESULTING ACTION EXECUTED OR PLANNED:** | | | | | | | | |
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| --- | --- | --- | --- | --- | --- |
| **EMPLOYEE NAME:** |  | **EMPLOYEE SIGNATURE:** |  | **DATE:** |  |
| **SUPERVISOR NAME:** |  | **SUPERVISOR SIGNATURE:** |  | **DATE:** |  |

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| ***–OPTIONAL–*STUDENT NAME:** |  | **STUDENT SIGNATURE:** |  | **DATE:** |  |

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