

# Incident Report

*To be completed by student.*

DATE: \_\_\_\_\_

Describe what happened and why: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were there any witnesses to this incident? \_\_\_\_\_

\_\_\_\_\_

Was anyone hurt?      Yes       No       If yes, who? \_\_\_\_\_

What could you do to avoid this in the future? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student's signature: \_\_\_\_\_

Teacher's signature: \_\_\_\_\_

Parent's signature: \_\_\_\_\_