



# STUDENT INCIDENT REPORT FORM

This form can be used to report accidents, injury, property loss or damage, health and safety events, bullying or harassment, or any other incident you feel needs attention.

Reported By: \_\_\_\_\_

Date of Report: \_\_\_\_/\_\_\_\_/\_\_\_\_

Title/Role: \_\_\_\_\_

Incident Number: \_\_\_\_\_

## STUDENT INCIDENT INFORMATION

Student Name: \_\_\_\_\_

Date of Incident: \_\_\_\_/\_\_\_\_/\_\_\_\_

Incident Type: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

Location: \_\_\_\_\_

Specific Area of Location: \_\_\_\_\_

Name, Role & Contact Details of Person(s) Involved:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Name, Role & Contact Details of Witness(es):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Incident Description

Description of Unacceptable / Unsafe Behaviour or Conditions (if applicable)

Resulting Action Executed or Planned

Have You Filed A Police Report? YES / NO

Precinct: \_\_\_\_\_

Reporting Officer: \_\_\_\_\_

Phone No: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_