

**CONFIDENTIAL**

St. Paul Elementary School  
Incident Report Form



Date of incident: \_\_\_\_\_

Location of incident: \_\_\_\_\_

DESCRIPTION OF THE INCIDENT (please indicate the names of all the **persons involved**)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has this type of incident already occurred?  YES  NO  I don't know

If YES, indicate the number of times: (\_\_\_\_\_) and for how long? (\_\_\_\_\_)

Did you do something to try and stop the situation?  YES  NO

If YES, what did you do? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your name: (\_\_\_\_\_)  Witness  Victim  Parent

*You can choose to remain anonymous, but we promise to treat your report with the utmost confidence.*

**CONFIDENTIAL**