Incident Report

**FORM NO. (\*office use only)**

Teachers/Staff/Students are to complete this form in the event of any untoward incident. This form is to be handed to the Principal for action.

**NAME OF STUDENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE TIME**

**Description of the Incident**

**Action Taken**

**Have the parents been notified?**

**TEACHER’S NAME TEACHER SIGNATURE \_\_\_\_\_\_\_\_**

**PRINCIPAL: Signature and Date**