

Incident report form

School name _____ Date of incident _____

Location Cafeteria Classroom Corridor Other inside school Time of incident: _____
 School grounds Bus Building exterior District office
 Other outside Off-site program School entrance

Police notification None Police notified, complaint filed Police notified, no complaint filed

Contact name _____ Contact phone # _____

INCIDENT DETAIL

SUBSTANCE OFFENSE Use observed Possession Sale/Distribution Other

SUBSTANCE TYPE _____

STUDENT INVOLVEMENT

Student names(s) and role(s) _____

Incident description _____

Consequences/Follow-up _____

Principal signature Date

File all forms together in the main office, by date. Keep in locked cabinet to keep confidential.