



Incident Report Form

To aid incident investigations and follow-up, please be as thorough as possible when completing this form. Once complete, this form should be delivered to the appropriate administrator/personnel according to organizational policies and procedures.

Date of Incident:		Time of Incident:			
Name of School/Organization:		Name of Person Reporting :			
Contact Information for Person Reporting:		Phone Number: () -			
Email:					
Physical Address of Incident:					
Location of Incident (hallway, office, washroom etc. State room or office number if applicable):					
Person(s) Involved (if names are known):					
#1:					
#2:					
#3:					
#4:					
Nature of Incident:	Verbal		Physical		
Incident Involved	Discrimination	Harassment	Bullying	Assault	Other
Description of Incident (provide as much detail as possible stating only what was witnessed):					
Other persons who may have witnessed incident:					
#1:					
#2:					
#3:					