

**INCIDENT REPORT FORM
SUNRISE SCHOOL DIVISION**

Complete this form in full. Retain a copy for your own records, send second copy to the Superintendent of Schools and file third copy with the school administration.

SCHOOL: _____ INCIDENT DATE: _____ TIME: _____ AREA: _____

TYPE OF INCIDENT: _____

STAFF PRESENT: 1. _____
(Names/position) 2. _____
 3. _____

STUDENTS INVOLVED: 1. _____
 2. _____
 3. _____
 4. _____

DESCRIBE IN DETAIL. (Attach additional pages if necessary) _____

WITNESS: (Attach signed statements if applicable.)
 1. _____
 2. _____
 3. _____
 4. _____

ASSESSMENT OF SITUATION: _____

REPORTED TO ADMINISTRATION: _____ NAME OF ADMINISTRATOR: _____

STAFF SIGNATURES: 1. _____ DATE/TIME: _____
 2. _____ DATE/TIME: _____

ACTION TAKEN BY SCHOOL ADMINISTRATION:

DATE: _____ SIGNATURE: _____