**SACRED HEART PRIMARY SCHOOL**
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**WORKING TOGETHER, ACHIEVING TOGETHER**

# STUDENT INCIDENT REPORT FORM

| | | | | |
|---|---|---|---|---|
| **Incident type:** | ■ Behavior | ■ Injury | ■ Bullying | ■ Physical fight |

**Student name:** _____ **Grade:** _____

**Date of incident:** _____ **Time of incident:** _____

**Reporting personnel:** _____ **Witness(es):** _____

**Place of incident:** _____

## INCIDENT DESCRIPTION

Describe what happened factually, including relevant actions and statements.

_____

_____

_____

_____

## OUTCOME / ACTION TAKEN

_____

_____

## CONCLUSION / FOLLOW-UP

_____

_____

**Parents/guardians informed:** ■ Yes ■ No

| | | | | |
|---|---|---|---|---|
| **Method of communication:** | ■ Phone call | ■ ClassDojo | ■ Meeting | ■ Other: _____ |

**Staff signature:** _____ **Date:** _____

**Administrator review:** _____ **Date:** _____