

# School Incident Report Log Form

Incident Details			
Date of Incident:		Time of Incident:	
Location:	e.g., Playground, Classroom 101		

Persons Involved			
Name	Role (Student/Staff/Other)	Grade/Class or Department	Contact Details (if applicable)

Incident Description	
Provide a detailed description of the incident, including events leading up to it and any immediate actions taken.	

Witnesses	
Witness Name	Statement

Actions Taken/Follow-Up	
Document any actions taken in response to the incident, including notifications, disciplinary measures, or referrals.	

Reporting Staff			
Name	Position	Date	Signature