

School Incident Report Log Form

Incident Details			
Date of Incident:	<input type="text"/>	Time of Incident:	<input type="text"/>
Location:	<input type="text" value="e.g., Playground, Classroom 101"/>		

Persons Involved			
Name	Role (Student/Staff/Other)	Grade/Class or Department	Contact Details (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Witnesses	
Witness Name	Statement
<input type="text"/>	<div></div>
<input type="text"/>	<div></div>

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

Reporting Staff			
Name	Position	Date	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>