

S.A.D. #4
School Incident Report Form

Please complete one form for each "incident of prohibited behavior" which occurs on school property during school hours or during school sponsored activities.

Date of Incident _____ Person completing form _____ School _____

OFFENDER(S) _____ Age _____ Grade _____ M or F _____ Special Ed. _____
_____ Age _____ Grade _____ M or F _____ Special Ed. _____

VICTIM(S) _____ Age _____ Grade _____ M or F _____
_____ Age _____ Grade _____ M or F _____

VIOLENCE INCIDENT: Fighting _____ Pushing _____ Stealing _____ Swearing _____

Threat/Intimidation _____ Hate Crime _____ Harassment _____ Sexual Offenses _____ Racial/Sexual Bias _____

Describe what happened _____

VANDALISM INCIDENT: Describe what happened _____

SUBSTANCE ABUSE: Describe (Alcohol, Marijuana, Tobacco, etc.) _____

WEAPONS: Describe incident _____

ACTION TAKEN:

1. Detention or loss or privilege _____
2. In school suspension _____
3. Out of school suspension _____
4. Alternative placement _____
5. Expulsion from school _____
6. Law enforcement referral _____