

Incident Report
Keystone Junior-Senior High School

Please print legibly.

Name of person completing this form:
Signature of person completing this form:
Today's Date:

Description of Incident

Date and time of incident:
Location of incident:
Is this an on-going issue? Yes No
Name/s of person/s involved in this incident:
Description of the incident:

Witnesses to this incident:

Reporting of the Incident

Who did you first report this incident to?	Date:
Who else have you talked to about this incident?	

No Need to Complete this last box - to be completed by School Personnel

Description of action taken:
