C.M.S. Incident Report

Name: ____________________________________________________________ Grade: ________

Today’s Date: __________ Date(s) of incident(s): ____________________________

Please complete BOTH sides of this form:

** If this incident happened in the classroom, has the teacher been informed of the incident AND has the
teacher had an opportunity to help you solve the incident? If not, please complete the form and take to
your teacher first. **

Location(s) of incident(s):
Name of witnesses (student, staff, other): __________________________________________________

Name(s) of individuals involved (other than yourself): __________________________________________
_____________________________________________________________________________________

In your opinion, what or who is the cause of the incident: WHY? ________________________________
_____________________________________________________________________________________

To what extent were you responsible for the incident: WHY? ________________________________
_____________________________________________________________________________________

If you could change the way you personally handled the situation, what would you do differently?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Why? ________________________________________________________________________________

What do you expect to happen to correct, or resolve, the situation? ______________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

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Name: ___________________________________________________________ Grade: ______

Narrative: Write a clear, detailed, truthful and accurate description of what happened from your point-of-view.

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For Administrative Purposes Only