

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

For Administrative Purposes Only
