

## Pacific Elementary School District Incident Report Form

Date of Incident:		Time of Incident:	
Name of Person Completing Form:		Date and Time Form Completed:	
Names of People Involved in Incident:		Names of Additional Witnesses to Incident:	
Description of Incident (focus on facts, not interpretations):			
Description of Response to Incident/Actions Taken/Follow-Up:			

Signature of Person Completing Form: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Superintendent/Principal: \_\_\_\_\_ Date: \_\_\_\_\_