



# INCIDENT REPORTING FORM

Student Services & Strategic Planning: School Safety

This form will provide documentation for the school and the Administrative Service Center when an incident occur involving students. Please provide as much information as possible including and not limited to; pictures, text messages, written statements, etc. Once the form has been completed and you have done your preliminary investigation, please scan, copy and email (**immediately**) to rholloman@vcs.k12.nc.us.

PLEASE PRINT

Print Victim Name: \_\_\_\_\_ Male \_\_\_ Female: \_\_\_  
Grade: \_\_\_ Age: \_\_\_\_\_ Teacher: \_\_\_\_\_ Department: \_\_\_\_\_  
Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_  
Location of Incident: \_\_\_\_\_ Room# \_\_\_\_\_ Hall # \_\_\_\_\_  
Incident reported by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Incident reported to: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Parent of Victim: \_\_\_\_\_ Phone: \_\_\_\_\_  
Parent of Victim: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address of Victim: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Describe what happened and what actions were taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List of people involved in the incident:

1. \_\_\_\_\_ Role: \_\_\_\_\_ Contact: \_\_\_\_\_  
2. \_\_\_\_\_ Role: \_\_\_\_\_ Contact: \_\_\_\_\_  
3. \_\_\_\_\_ Role: \_\_\_\_\_ Contact: \_\_\_\_\_  
4. \_\_\_\_\_ Role: \_\_\_\_\_ Contact: \_\_\_\_\_

Describe what corrective actions were taken and by whom:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Reporting Adult: \_\_\_\_\_ Date: \_\_\_\_\_