Menahga Public Schools

STAFF INCIDENT REPORT FORM

*This report must be submitted to the Interventionist as soon as completed.*

*Please attach all copies of evidence to this report when possible.*

**Reporting Staff Member Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Did the staff member witness the incident? Yes No**

**If the incident was reported to the staff person, who was the reporter?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of the target:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of alleged aggressor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) of witnesses:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date of incident:\_\_\_\_\_\_\_\_\_\_\_Time of incident:\_\_\_\_\_\_\_\_\_\_\_ Location of incident:\_\_\_\_\_\_\_\_\_\_\_

Details of incident:

Are there any immediate safety concerns?

Yes\_\_\_\_ No \_\_\_\_

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To your knowledge, has there been a previous incident between these students? Yes\_\_\_ No\_\_\_

If yes, briefly explain:

**Signature of reporting staff\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**