INCIDENT DETAILS

School:	Incident #	(assigned in PowerSchool)
Incident Date:	Incident Time:	Financial Impact:
Incident Location:		
Reported to (person documen	iting this event):	
Reporter(s):		
Witness(es):		
Offender(s) – Note those with	active IEPs at the time of the incident:	
Weapon(s) or Dangerous Obj	ject(s) involved (include count of each):	·
Incident Details:		
Primary Behavior by Offende	er:	-
Additional Behavior(s) by Of	fender:	
	ender – include beginning & ending date	
Duration (in days/partial day	ys) by Offender:	
Investigation Notes - Specify	if restraint (physical and/or mechanical)	or seclusion was used: