

IWU Educational Studies Department
Incident Report
(to be completed by IWU student)

Your Name: _____ School site: _____

Date and time incident occurred: _____

Names of students and/or personnel involved: _____

School or IWU witness(es) to incident: _____

Location of incident (e.g., classroom, lunchroom...): _____

Brief description of incident. As accurately as possible, record what each person did and said. Include your own role in the event.

Describe the actions you took to report this event to school personnel.

Sign and submit this form to your IWU professor.

(student signature)

(date)

(Professor's name)