

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)