

School Safety Incident Report

Date of Report: [Insert date]

School Name: [Insert school name]

Incident Date: [Insert incident date]

Time of Incident: [Insert time]

Location of Incident: [Insert location]

Incident Summary

[Provide a detailed description of the incident, including the individuals involved, events leading up to the incident, and the outcome.]

Individuals Involved

- **Name:** [Insert name] - **Role:** [Insert role]
- **Name:** [Insert name] - **Role:** [Insert role]
- **Name:** [Insert name] - **Role:** [Insert role]

Actions Taken

[Describe the immediate actions taken following the incident, including any emergency services contacted and measures implemented to ensure safety.]

Follow-up Actions

[Outline any follow-up actions planned or taken to address the incident and prevent future occurrences.]

Reported By

Name: [Insert reporter's name]

Position: [Insert reporter's position]

Contact Information: [Insert contact information]

Additional Notes

[Include any additional relevant information or observations related to the incident.]

Thank you for your attention to this matter.

Sincerely,

[Insert your name]

[Insert your position]