

STOUGHTON PUBLIC SCHOOLS INCIDENT REPORT FORM

Person Submitting the Report: _____

Location of Incident: _____ Date of Incident: _____

Description of Incident

Signature: _____ Date: _____

Please Do Not Write in this Box – Official Use Only

Person Receiving the Report: _____ Date Received: _____

Administrator: _____ Incident Number (if applicable): _____