



# Special Education Incident Reporting Form

<b>Site Information: (Name of School)</b>	
Date of Incident:	Time of Incident:
Date of Report:	Location of Incident:
Name of Individual Completing Report:	
<b>Victim</b>	
Name:	Age: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	Phone #:
Victim is: <input type="checkbox"/> employee <input type="checkbox"/> visitor <input type="checkbox"/> student <input type="checkbox"/> other (specify)	
What was the victim doing at the time of the incident? <input type="checkbox"/> routine in-class assisting student <input type="checkbox"/> restraining student <input type="checkbox"/> escorting student <input type="checkbox"/> lifting/transporting student <input type="checkbox"/> washroom supervision	
<b>Alleged Aggressor(s)</b>	
Name(s):	Name(s):
Address(es):	Address(es):
Age: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age: <input type="checkbox"/> Male <input type="checkbox"/> Female
Description:	Description:
Relationship of the alleged aggressor to the victim (if any): <input type="checkbox"/> co-worker <input type="checkbox"/> visitor <input type="checkbox"/> student <input type="checkbox"/> other (specify)	
Other details (e.g. psychological and physical state of aggressor):	
Apparent motive:	
<b>Witness #One</b>	<b>Witness #Two:</b>
Name:	Name:
Address:	Address:

