



RESPONDING TO HATE AND BIAS AT SCHOOL

When There's a Crisis

WORKSHEET 1 // Incident Report // page one

INCIDENT REPORT

Date: _____ Time: _____ Location: _____

Persons Directly Involved in the Incident

Name: _____ Position (e.g., student, staff, parent): _____

Name: _____ Position (e.g., student, staff, parent): _____

Name: _____ Position (e.g., student, staff, parent): _____

Name: _____ Position (e.g., student, staff, parent): _____

Name: _____ Position (e.g., student, staff, parent): _____

Witnesses

Name: _____ Position (e.g., student, staff, parent): _____

Name: _____ Position (e.g., student, staff, parent): _____

Name: _____ Position (e.g., student, staff, parent): _____

Name: _____ Position (e.g., student, staff, parent): _____

Name: _____ Position (e.g., student, staff, parent): _____

Critical incident description:

Was the incident violent? _____ Was property damaged? _____