



CHAPEL HILL

INDEPENDENT SCHOOL DISTRICT

INITIAL SAFETY INCIDENT REPORT

This form should be completed by anyone (parent, staff member and/or students) who witnessed a safety violation or was a victim of a safety violation. This form can be given to a campus administrator or staff member who will pass the form on to the campus administrator. Please attach any notes, letters, photos, text messages, etc. to give as supporting evidence.

Date: _____

Person Completing Report: _____

List what happened with as many details as possible: _____

Person/s being harmed (give house/grade level/homeroom teacher if possible): _____

Person/s doing the harm (give house/grade level/homeroom teacher if possible): _____

List any bystanders/witnesses: _____

List where it took place: _____

List when it took place: _____