

POCATELLO/CHUBBUCK SCHOOL DISTRICT NO. 25

3115 Poleline Road
Pocatello, Idaho 83201
(208) 232-3563

Incident Reporting Form

(Administrative Tool for Conducting Investigations)

School: _____ Date Reported: _____

Who was responsible for the behavior or incident(s)? _____

Describe the incident(s). _____

Date(s), time(s), and place(s) the incident(s) occurred. _____

Were other individuals involved in the incident(s)? Yes No
If so, name the individual(s) and explain their roles. _____

Did anyone witness the incident(s)? Yes No
If so, name the witnesses. _____

Did you take any action in response to the incident? Yes No
If yes, what action did you take _____

Were there any prior incidents? Yes No
If so, describe any prior incidents _____

Signature of Complainant: _____

Complaint Received By: _____ Date: _____