Garland Independent School District

Student Incident Report Form

Student Name _____ID#_____

Date of the Incident _____ Campus_____

Incident Report

Please describe what happened in your own words. Include as many details as possible to give a clear, accurate account of the events.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Witnesses:

_____

_____

Campus personnel receiving the report: _____

Student Signature _____ Date _____