

ABUSE INCIDENT REPORT FORM

Please complete and hand to Principal

STUDENT NAME: _____

GRADE: _____

Dates & Time of Incident/s: _____

Details of Incident:

Extent of Injuries - if any:

MEDICAL ATTENTION NEEDED: Y N

WITNESS – NAME: _____

Comments: _____

Dated: _____ Signed: _____

OFFICE: DATE RECEIVED: _____ DATE PARENTS NOTIFIED: _____ DATE REPORTED: _____ TO WHOM: _____ Principal's Signature: _____
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