



Allen ISD 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 administration. **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/home room teacher if possible):

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

List any bystanders/witnesses:

List anyone else you may have reported this incident to:

List where it took place:

List when (date/time) it took place: