

Brunswick School Department  
46 Federal Street, Brunswick, ME 04011/(207) 319-1900

**INCIDENT REPORT**

Date of incident: \_\_\_\_\_

Time of incident: \_\_\_\_\_

Student: \_\_\_\_\_

Staff involved: \_\_\_\_\_

Parent contacted: \_\_\_\_ yes \_\_\_\_ no

\_\_\_\_\_

If yes, how? \_\_\_\_\_

\_\_\_\_\_

By whom? \_\_\_\_\_

\_\_\_\_\_

If no: \_\_\_\_ Explain: \_\_\_\_\_

\_\_\_\_\_

Type of intervention:

\_\_\_\_ Escort    \_\_\_\_ Observation    \_\_\_\_ Therapeutic Restraint    \_\_\_\_ Time Out Room

\_\_\_\_ Other: Explain: \_\_\_\_\_ If Time Out Room used:

\_\_\_\_\_ Time in: \_\_\_\_\_

Time out: \_\_\_\_\_

Description of incident: \_\_\_\_\_

\_\_\_\_\_

What happened next? \_\_\_\_\_

\_\_\_\_\_

What was student's perception of incident? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What were the consequences agreed upon? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other pertinent information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Report Submitted by: \_\_\_\_\_ Title: \_\_\_\_\_

Date of report: \_\_\_\_\_