

Physical Force Report Form

DIRECTIONS: Answer all questions. Use additional sheets or the other side of the page if more space is needed.

Name of person completing this document: _____

Date of Incident _____ Time of Incident _____

Location of Incident: _____

Summary of Incident

Action Taken: _____

Reason for the Action: _____

Preventive Measures Attempted: _____

Witnesses of the Incident: _____

Date Report is Submitted to Principal and Superintendent: _____

Time Report is Submitted to Principal and Superintendent: _____

Date Parents/Guardians were notified of Incident _____

Time Parents/Guardians were notified of Incident: _____

Attach Letter/Email to report form. Attach parent/guardian response to report form. Attach any meeting notes to report form.