

**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.