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Student Incident Report

Date/Time		Location	
Student's Name		Teacher's Name	
Names of Other Involved			
Incident's Description (attach additional pages if needed)			
Action Taken (attach additional pages if needed)			
People who were notified of the incident	Parent/Guardian	Date/Time	
	Brighton School District	Date/Time	
	Hospital	Date/Time	
	Law Enforcement	Date/Time	

I certify that the information contained in this report is true and correct to the best of my knowledge.

Signature: _____

Date: _____