RESEARCH INCIDENT
REPORT BY PERSON INVOLVED

Name:                                    Date of Report:
Location of Incident:                    Date/Time of Incident:
Role: □ Principal Researcher
          □ Teacher
          □ Student
          □ School Administrator
          □ Parent/Guardian
          □ Other (Specify): _________________

The Incident

What were you doing before the incident occurred? Provide a detailed description of the context in which the events occurred.

What were you doing when the incident occurred? Provide a detailed description of the sequence of events and actions that occurred during the incident.

What did you do after the incident occurred? Provide a detailed description of the sequence of events and actions that occurred in response to the incident.
Were you harmed physically, emotionally or psychologically as a direct result of the incident? If so, provide a detailed description of the harm sustained as well as any professional help (i.e. medical or psychological) you have received as a result.

Was any property damaged as a result of the incident? Provide a list of items that were damaged as a direct result of the incident as well as a brief description of how they were damaged.

How did school administrators respond to the incident? Provide a detailed description of the course of action that school administrators implemented to mitigate the effects of the incident.

Reflective Practice

What do you think was the cause of the incident? Reflect on the possible causal factors that facilitated the production of the incident.

What could have been done differently? Discuss possible actions and/or recommendations that could be enacted to prevent a reoccurring incident.
Do you have additional information or comments not otherwise covered by the preceding questions? Provide relevant information that helps to clarify the causal factors, protocols, and/or events that facilitated the occurrence of this incident.

I certify that the information provided to Polk County Public School’s Office of Assessment, Accountability, and Evaluation is truthful to the best of my knowledge.

Signature of Person Involved: ___________________________  Date: _____________