RESEARCH INCIDENT
REPORT BY WITNESS

Name of Witness: Date of Report:
Location of Incident: Date/Time of Incident:

Role: ☑ Principal Researcher
☑ Teacher
☐ Student
☑ School Administrator
☑ Parent/Guardian
☑ Other (Specify): _________________

What were you doing when the incident occurred? Provide an account of your location and duties you were performing prior to the incident.

What did you see? Describe in detail the sequence of events from your perspective.

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 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 Witness: ________________________________
Date: ______________

Revised 06/2018