



Incident Report  
Form

Date (MM/DD/YYYY):	Time:
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Location of Incident:
First & Last Name of person reporting:

Please list the full name(s) of all individual(s) (e.g., *Victim; Alleged Perpetrator; Witness*) involved and specify their role(s) in the incident (e.g., *Don Joe – Victim*).

Frist Name	Last Name	Role

**Note:** If more than 3 persons were involved, ask for an “extended role incident form attachment”.

Please write (to the best of your ability) a detailed description of what occurred. Think the 4 Ws (who, what, when, and where).




**Parents/Guardians Notified** (if applicable, include name(s), relationship, and date/time of notification). Write them down below.


**Statements made by involved parties** (Attach written statements if available). Staple or paperclip onto this form.

**Physical or Digital Evidence Attached** (e.g., messages, emails, photos, screenshots — attach copies if available).

☐ Yes      ☐ No

If yes, describe:


**Injuries Sustained or Medical Treatment Required** (if any, include type of injury, treatment provided, and by whom): Write them down below.


Report Completion

Name of person completing report:	Signature:

Date report completed:	Time report competed:

Confidentiality Notice

*This report contains sensitive information and must be handled in accordance with Studio policies and applicable privacy and safety laws. Unauthorized disclosure is prohibited. All involved parties were provided the opportunity to submit individual written statements. Copies of submitted statements will be retained as part of the official incident record. Where appropriate and permitted by law and Studio policy, involved parties and/or their parents or legal guardians will be provided with a copy of the completed incident report. Disclosure of reports or statements may be limited or redacted to protect privacy, ensure safety, comply with legal obligations, and uphold Studio policies.*