INCIDENT REPORT FORM Mt. Vernon Township High School 320 South 7th Street Mt. Vernon, IL 62864		**Student's Name/DOB**	**Report Date**
		Location of Incident (Be specific!) ❍ Classroom ❍ Hallway ❍ Cafeteria ❍Parking Lot ❍PE Area ❍ Other _____ _____ _____	
Date of Incident	**Time of Incident**		

I, _____, am a student/staff member at Mt. Vernon Township High School.
I am making this statement to the Dean of Students.

Explanation of Incident

In your own words, state what happened, including the events that took place which lead to the incident.
(Include: all participants involved; direct quotes, etc.)

(continued)

_____ of _____ pages

The above statement consisting of ___ page(s) was read to me. I initialed and dated each page of the report. I further certify that I initialed corrections in this statement. To the best of my firsthand knowledge of this incident, the above statement is the truth.

_____	_____	_____
Signature of Victim	Date	Time

_____	_____	_____
Signature of Witness	Date	Time