

STUDIO INCIDENT REPORT FORM (CONFIDENTIAL — STUDIO USE ONLY)

Complete as soon as possible after the incident. Write objective facts only.

Studio Name: _____ Date of Report: // _____

Report Completed By (Name/Title): _____

Incident Date: // _____ Incident Time: _____ AM / PM

Location (Room/Lobby/Parking Lot/Etc.): _____

Class/Program (if applicable): _____

Instructor on Duty (if applicable): _____

1) People Involved

Student(s) Involved (Name +
Age/Class): _____

Staff Involved
(Name/Role): _____

Parent/Guardian(s) Involved
(Name): _____

Other Individuals(if applicable):

2) Witnesses

Witness Name / Contact /
Relationship: _____

3) Incident Type (check all that apply)

☐ Injury (student) ☐ Injury (staff) ☐ Medical event/illness ☐ Behavioral incident (student)

☐ Bullying/harassment ☐ Parent conflict/confrontation ☐ Threats/intimidation

☐ Property damage ☐ Safety concern (facility/parking lot)

☐ Policy violation: _____

☐ Other: _____

4) Objective Description (facts only; chronological)

5) Immediate Actions Taken (check all that apply)

☐ Separated students / de-escalated ☐ First aid provided ☐ Parent/guardian contacted

☐ Called 911 ☐ Removed student from class ☐ Requested pickup

☐ Locked doors / secured facility ☐ No further action needed

☐ Other: _____

Details: _____

6) Injury/Medical Details (if applicable)

Was first aid given? ☐ Yes ☐ No By whom? _____

Visible injury noted? ☐ Yes ☐ No Describe: _____

Referred to doctor/urgent care? ☐ Yes ☐ No ☐ Unknown

Called 911? ☐ Yes ☐ No Time: _____ AM / PM

7) Communication Log (who was notified)

Parent/Guardian Contacted? ☐ Yes ☐ No

Name: _____ Method: ☐ Call ☐ Text ☐ Email ☐ In person ☐ Portal

Time: _____ AM / PM

Summary of what was
communicated: _____

Owner/Director Notified? ☐ Yes ☐ No

Time: _____ AM / PM Method: ☐ Call ☐ Text ☐ Email ☐ In person

Notes: _____

Other notified
(police/security/insurance): _____

8) Media / Documentation

Security video available? ☐ Yes ☐ No ☐ Unknown

Camera/location: _____ Clip time range: _____

Saved/exported by: _____

Photos taken? ☐ Yes ☐ No

What was photographed: _____ Stored where:

Screenshots saved (messages/posts)? ☐ Yes ☐ No ☐ N/A

Stored where: _____

9) Follow-Up Plan

Action(s) planned:

☐ Parent meeting ☐ Behavior contract ☐ Written warning ☐ Suspension ☐ Dismissal

☐ Class placement review ☐ Safety/facility repair ☐ Staff debrief/training

☐ Other: _____

Follow-up date/time: //_____ at _____ AM / PM

Owner/Director responsible: _____

10) Signatures (internal)

Report Completed By (Signature): _____ Date: //_____

Owner/Director Review (Signature): _____ Date: //_____