**INCIDENCE REPORT**

SBM-0007

**I** N S T R U C T I O N: **All incidents/accidents, i.e. injury, bullying, grave misconduct, carrying of deadly weapons occurring within the campus premises must be reported by the stakeholders using this form and submitted to the Guidance Office** WITHIN 24 HOURS **the incident happened.**

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| **Type of Incident:**  Injury  Bullying  Grave Misconduct  Carrying of Deadly Weapons  Other | | |
| **Potential Consequence(s):** | | |
| **Date of Incident:** | **Time of Incident:** | **Location:** |
| **Name of student/s involved :** | | **Grade & Section :** |

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| **Brief Account of Incident:** (Use additional sheet/s, if necessary) | |
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| **Initial Findings and Observations:** | |
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| **Initial Actions Taken:** | **Action By:** |
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| **Reported by:** | **Date/Time:** |
| **Submitted By:** | **Date/Time:** |