



### Bus Incident Report Form

- 1 Edit & customize this template to accommodate to your school district
- 2 Add school staff, drop items, check boxes, signatures, and more
- 3 Design your School District unique process your forms will follow
- 4 Send it out and track your staff through the process
- 5 Trigger notifications and actions to happen anywhere in your process
- 6 ADA Accessibility Report attached to each PDF

Digitize with Script

OR

Download PDF

Download DOCX

Return to Forms Bus Incident Report Form

School District Name: \_\_\_\_\_ **BUS INCIDENT REPORT**

The purpose of this report is to inform you of an incident involving a student mentioned in the report on the school bus.

**INCIDENT INFORMATION**

|                                 |               |               |                                                          |
|---------------------------------|---------------|---------------|----------------------------------------------------------|
| NAME OF STUDENT ON THE INCIDENT | INCIDENT DATE | INCIDENT TIME | BUSSE PREPARED                                           |
| _____                           | _____         | _____         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| DRIVER                          | BUS NUMBER    | OR ROUTE TO   | _____                                                    |

**DESCRIPTION**

|                                                                    |                                                           |
|--------------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Violation of safety procedure             | <input type="checkbox"/> Refusing to obey driver          |
| <input type="checkbox"/> Throwing objects out of the bus           | <input type="checkbox"/> Vandalizing                      |
| <input type="checkbox"/> Eating / Drinking / Littering on bus      | <input type="checkbox"/> Hazing / Bullying                |
| <input type="checkbox"/> Fighting / Pushing / Tripping             | <input type="checkbox"/> Possessing unauthorized object   |
| <input type="checkbox"/> Lighting match                            | <input type="checkbox"/> Excessive or unnecessary noise   |
| <input type="checkbox"/> Smoking                                   | <input type="checkbox"/> Truancy with bus equipment       |
| <input type="checkbox"/> Cheating / Spitting                       | <input type="checkbox"/> Disrespectful language / gesture |
| <input type="checkbox"/> Extending part of the body out the window | <input type="checkbox"/> Other                            |
| <input type="checkbox"/> Missing school while bus is in motion     |                                                           |

ADDITIONAL DETAILS OF THE INCIDENT

\_\_\_\_\_

DETAILS ACTION TAKEN

\_\_\_\_\_

**RECOMMENDATIONS:**

|                                                       |                                                        |
|-------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Consult the school Counselor | <input type="checkbox"/> Other (please describe below) |
| <input type="checkbox"/> Contact parents / guardian   | _____                                                  |
| <input type="checkbox"/> Place on probation           | _____                                                  |
| <input type="checkbox"/> Place under suspension       | _____                                                  |
| <input type="checkbox"/> Other bus privilege          | _____                                                  |

**REPORTED BY** \_\_\_\_\_ **RECORDED BY** \_\_\_\_\_ **REVIEWED BY** \_\_\_\_\_ **DATE** \_\_\_\_\_

**ACKNOWLEDGEMENT RECEIPT:**

This is to acknowledge receipt of this report.

RECEIVED BY \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

This form is provided for free by SCRIPT. Download more at [www.scriptapp.com/forms](http://www.scriptapp.com/forms)



1520 W. North A Street  
Tampa FL, 33606

info@scriptapp.com

1 888 60 Script

© 2019 All rights reserved

#### Resources

- Blog
- Form Gallery
- Idea Rubric

#### Solutions

- Administration
- IT

#### Sign In

- Parent Login
- School Login

#### Script

- Home
- Company
- Support
- Submit a Ticket
- Legal

