

**DIOCESE OF DES MOINES**  
**Catholic Schools Policies/Regulations**

**STAFF PERSONNEL**

**Incident Report Form**

Complete this form in its entirety and maintain it for the school records.

**INCIDENT REPORT FORM**

Location of Incident: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Name of Person or Persons Involved: \_\_\_\_\_

\_\_\_\_\_

Name of Witnesses: \_\_\_\_\_

\_\_\_\_\_

Description of Incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Action Taken: \_\_\_\_\_

\_\_\_\_\_

Preventive Measures for Future: \_\_\_\_\_

\_\_\_\_\_

Person Making the Report: \_\_\_\_\_

Title: \_\_\_\_\_

Administrator's Signature: \_\_\_\_\_

Date of Report: \_\_\_\_\_

Regulation Adopted: May 17, 1999  
Regulation Revised: May 19, 2008  
Regulation Reviewed: January 21, 2019  
July 30, 2021