

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: _____