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