



Incident Report Form

Use this form to report accidents, injuries, medical situations, or student behavior incidents. (Incidents involving a crime or traffic incident should be reported directly to the Campus Public Safety office.) If possible, the report should be completed within 24 hours of the event. Submit completed forms to the Principal's Office.

INFORMATION ABOUT PERSON INVOLVED IN THE INCIDENT

Full Name

Home Address



Student



Employee



Visitor



Vendor

Phone Numbers

Home

Cell

Work

INFORMATION ABOUT THE INCIDENT

Date of Incident

Time

Police Notified ☐ Yes ☐ No

Location of Incident

Description of Incident (what happened, how it happened, factors leading to the event, etc.) Be as specific as possible (attached additional sheets if necessary)

Were there any witnesses to the incident? ☐ Yes ☐ No

If yes, attach separate sheet with names, addresses, and phone numbers.

Was the individual injured? If so, describe the injury (laceration, sprain, etc.), the part of body injured, and any other information known about the resulting injury(ies).

Was medical treatment provided? ☐ Yes ☐ No ☐ Refused

If yes, where was treatment provided: ☐ on site ☐ Urgent Care ☐ Emergency Room ☐ Other

REPORTER INFORMATION

Individual Submitting Report (print name)

Signature

Date Report Completed

FOR OFFICE USE ONLY

Document any follow-up action taken after receipt of the incident report.

Date	Action Taken	By Whom

Report Received by _____

Date: _____