INCIDENT REPORT

The school should make a report that contains the following information:

1) Name of Involved Party (Parties), address(es) and phone number(s);
2) Names, addresses and phone numbers of witnesses, if there were any;
3) Description of the Incident in as much detail as possible including what injured was doing, the chain of events, who was involved, where accident happened, date and time of accident, etc.;
4) Names and phone numbers of local person(s) who conducted the investigation;
5) Signature and date of Program Administrator.

OR

Complete this form:

INCIDENT REPORT FORM

Location of Incident: __________________________ Date ________ Time ________

With Whom: __________________________________________________________

Filed By: _____________________________________________________________

Description of Incident: _______________________________________________

_____________________________________________________________________

_____________________________________________________________________

Action Taken: _________________________________________________________

_____________________________________________________________________

Preventive Measures for Future: __________________________________________

_____________________________________________________________________

Signature: ___________________________ Title: ______________________________