SCHOOL INCIDENT/ACCIDENT REPORT

Date of Incident: _____ Time of Incident: _____ ☐ AM ☐ PM

Date Reported: _____ Time Reported: _____ ☐ AM ☐ PM

Location

Building: _____

Specific Location: _____

Name of Injured/Affected Person: _____ ☐ Male ☐ Female

Position: _____ Department/Grade Level: _____

Phone Number: _____ Email Address: _____

Describe Incident/Accident: _____

Describe Loss/Injury: _____

Weather Conditions (if applicable): _____

Describe Medical Treatment/First Aid: _____

Name of Staff in Charge or Area/Classroom: _____

Witness(es) Name: _____ Phone Number: _____

Witness(es) Description of Incident/Accident: _____

Persons/Entities Contacted: _____

Suggested Corrective Action: _____

Signature of Injured/Affected Person: _____ Date: _____

Signature of Witness(es): _____ Date: _____

For District Use Only

Reviewed By:

☐ Principal ☐ Security/Safety ☐ Technology ☐ Risk Management ☐ Superintendent

Additional Actions To Be Taken: _____

_____

_____

_____

_____

Complete Only If This Incident Was Reported To Law Enforcement

Law Enforcement Agency: _____

Officers Name: _____

Law Enforcement Agency
Contact Information: _____

_____