

INCIDENT REPORT

Name of the person involved: _____

Address: _____ Date of Birth: _____

City/State/Zip: _____ Home Phone: _____

Age: _____ Sex: _____ Work Phone: _____

Date of the incident: _____ Time: _____ AM _____ PM

Location of incident: _____

Kind of incident: Unsafe Condition _____ Employee Conduct _____

Theft of property _____ Violation of district regulation: _____

Other: _____ if other, describe: _____

Describe how the incident occurred; include persons, equipment and objects involved:

What was the person involved in the incident doing at the time: _____

Who was notified? _____

Was a district sponsored activity involved? Yes _____ No _____

If yes, describe: _____

Name of staff person in charge: _____

Was there any property damage? Yes _____ No _____

If yes, describe: _____

(Continued)

WITNESSES

Name: _____ Home Phone _____
Address: _____ Work Phone _____
City, State, Zip: _____ District Employee: Yes ___ No ___
Comments: _____

Name: _____ Home Phone _____
Address: _____ Work Phone _____
City, State, Zip: _____ District Employee: Yes ___ No ___
Comments: _____

Name: _____ Home Phone _____
Address: _____ Work Phone _____
City, State, Zip: _____ District Employee: Yes ___ No ___
Comments: _____

Name: _____ Home Phone _____
Address: _____ Work Phone _____
City, State, Zip: _____ District Employee: Yes ___ No ___
Comments: _____

Was a police or fire report filed? Yes ___ No ___

Was a citation issued? Yes ___ No ___

If yes, by whom: _____

Completed by,
Print name: _____ Title: _____
Signature: _____ Date: _____

Reviewed by,
Print Name: _____ Title: _____
Signature: _____ Date: _____