Use this form when you need to record an incident within the program.

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| **Report Basics** | | | |
| Reported by |  | Date of Report |  |
| Title/Role |  | Time of Report |  |
| **Incident Information** | | | |
| Student 1 |  | Date of Birth |  |
| Student 2 |  | Date of Birth |  |
| Witness List |  | Witness Title/Role |  |
| Incident Summary |  | | |
| **Actions Taken** | | | |
| Action Taken |  | Person Taking Action |  |
| Contact | | Contact Information | |
| For each contact, record the date, time, person spoken with and person making contact. | |
| YES NO Parent/Guardian  YES NO Supervisor/Director  YES NO Ambulance/Hospital | |  | |
| **Report Completion** | | | |
| Person Completing Report |  | Signature |  |
| **Witness Report** | | | |
| Witness Name |  | Signature |  |
| Use this space to record additional information, e.g., students involved, description of the incident, and actions taken. | | | |