



Incident Report Form

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

| 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 | |



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Incident Report Form

Witness Report

| | | | |
|--------------|--|-----------|--|
| Witness Name | | Signature | |
|--------------|--|-----------|--|

Use this space to record additional information, e.g., students involved, description of the incident, and actions taken.

