



# 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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Witness Report			
Witness Name		Signature	
<p>Use this space to record additional information, e.g., students involved, description of the incident, and actions taken.</p>			