



# Incident Report

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Reported By Staff Member(s): \_\_\_\_\_ Date/Time of Incident: \_\_\_\_\_

**Person(s) Involved:**

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Parent/Guardian/Caregiver:**

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Staff/Witness Present:**

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

Where Incident Occurred:

\_\_\_\_\_  
\_\_\_\_\_



Incident Description (including events leading to or immediately following):

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Describe Action Taken:

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Describe Police Involvement, if any:

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Police Report # (if applicable): \_\_\_\_\_

Name of Hospital, if person was taken to one: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

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Staff Member Filing Report: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Observations:

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Staff Signature: \_\_\_\_\_