

# SCHOOL INCIDENT/ACCIDENT REPORT

Date of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_  AM  PM

Date Reported: \_\_\_\_\_

Time Reported: \_\_\_\_\_  AM  PM

## Location

Building: \_\_\_\_\_

Specific Location: \_\_\_\_\_

Name of Injured/Affected Person: \_\_\_\_\_  Male  Female

Position: \_\_\_\_\_ Department/Grade Level: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Describe Incident/Accident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe Loss/Injury: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Weather Conditions (if applicable): \_\_\_\_\_

Describe Medical Treatment/First Aid: \_\_\_\_\_

\_\_\_\_\_

Name of Staff in Charge or Area/Classroom: \_\_\_\_\_

Witness(es) Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Witness(es) Description of Incident/Accident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Persons/Entities Contacted: \_\_\_\_\_

Suggested Corrective Action: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Injured/Affected Person: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness(es): \_\_\_\_\_ Date: \_\_\_\_\_