

# Incident Report Form

## Complete all fields

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

School  
Name \_\_\_\_\_

Grade Level \_\_\_\_\_ Subject Taught \_\_\_\_\_

## Please complete the following as it applies to your circumstances

Is this a report of a job action involving your position?                      Yes                      No

**If NO, but you are reporting a possible liability claim, answer ALL QUESTIONS below. Attach copies of any documentation you have.**

**If YES, answer questions 1 and 2, skip 3 and 4 if appropriate, and fill in the Brief Description section below. Attach copies of any documentation you have.**

## Narrative of Report:

Date of Notice/Incident \_\_\_\_\_ Time of Notice/Incident \_\_\_\_\_

Name of witnesses \_\_\_\_\_

Location of Incident \_\_\_\_\_

Age of Child \_\_\_\_\_ Sex of Child \_\_\_\_\_ Grade Level of Child \_\_\_\_\_

Brief description of notice/incident in chronological order:

Signature \_\_\_\_\_ Date \_\_\_\_\_