

INCIDENT REPORT PROCEDURE

(NOTE: The standard incident report form is below.)

Required Information

1. Name, grade level and special education status of each student involved
2. Name of each adult involved
3. Date and Time incident occurred
4. Account of events in chronological sequence
5. Current Status of students (location, physical injury)
6. Current Status of adults involved (if injured or left campus)
7. Report of existing disciplinary action
8. Reason for incident
9. Indicate involvement of hospital, hospital or media if applicable
10. Name of person completing the report

Incident Report Management

1. Reports should be written as soon as possible after the immediate incident has been addressed.
2. Reports should be based on written statements and interviews with those involved.
3. If anyone was unwilling to provide a written statement, this should be noted and person should be identified in the report
4. Reports should be emailed to Principal, District Director of Operations and School Operations Manager (SOM) as soon as possible after the incident occurred and absolutely no later than the same day.
5. Reports should be filed with the insurance company. (See below)
6. Hard copies of the report should include copies of written statements from individuals involved.
7. A hard copy of the report should be signed by the person writing report.
8. The original report should be kept on file at the school.

Insurance Company Contact Information

Contact Name

Job Title

Company

Address Line 1

Address Line 2

Phone No.

Fax No.

Email address

Incident Report

Directions: Please fill out this form and email it to Principal, District Director of Operations, and SOM. Attach copies of written statements of individuals involved.

Date of Incident: _____ Time of Incident: _____ AM / PM Person Completing Report: _____

Fill out for each student involved in incident. Add additional pages if necessary.

Student Name	Grade	Sp.Ed. Status	Role in incident (victim or offender)	Current Status (location, physical injury, etc.)

Fill out for each adult involved in incident. Add additional pages if necessary.

Adult Name	Current Status (location, physical injury, etc.)

Please provide a complete description of what occurred. Be careful to describe the events in the order that they happened.

What caused this incident to occur?

What disciplinary action was taken, if any?

Was there any involvement with the hospital, police or media? If so, please explain:

Signature of person completing report

Date