

Accident/Incident or Allegation Reporting Form

Date of report: _____

Reported by: _____ Reported to: _____

Date of Accident/Incident or Allegation: _____

Location: _____

Description: _____

How did you become aware of the Accident/Incident or Allegation? _____

Name(s) of person(s) involved:

Did anyone else witness the situation? If so, who? _____

What visible injuries did you observe? _____

Were injuries treated? No Yes – Describe treatment and by whom: _____

Were parents/guardians notified? No Yes When: _____

By whom? _____

Comments: _____

Signature

Date

Time