



Incident Form

This report is to be completed in any incident that occurs that is clearly NOT an HIB or Affirmative Action Incident. Remember student/staff that was hurt needs to go as soon as it happens to the nurse. Complete this form after verbal notification to administration within 5 school days.

School:		
Incident Date:	Incident Time:	Incident Location:
Student(s) Involved:		
Details of Incident:		
Action Taken by Staff Member:		
Was the nurse involved? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Staff Name of Reporter:	Date:	
Administrator:	Received Date:	
Further Action Taken:		