

<p>Instructions: Complete this form to report/record any incident or accident involving safety or security. Provide complete information about the incident including any injuries or property damage. Additional incident reports may be required depending on the nature of the incident. For example, a student accident report or workers' compensation injury report. A copy of report should be forwarded to District Office.</p>			
<p>Contact Person Information - Person most familiar with incident</p>			
Name:		Work Phone #	Home Phone #
Address:		Date of Incident	
City:	State:	Zip:	Time of Incident:
<p>Incident Information/Description</p>			
Location of Incident:			
Provide a full description of the incident:			
Witnesses	Name		Phone #
	Name		Phone #
	Name		Phone #
	Name		Phone #
Injuries	Name		Phone #
	Name		Phone #
Property Damage	Owner		Phone #
	Property Damage Description		
Printed Name of Individual Completing Report (Should be an Administrator or Supervisor)			Contact #
Signature			Date
DISTRICT OFFICE USE ONLY		Date Logged	Number Assigned (Year - Seq)