



INCIDENT REPORT FORM

If an injury occurred as a result of this incident, also complete an accident form.

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Name of Person Making Report: _____ **Date of Incident:** _____

Building Supervisor on Duty: _____ **Time of Incident:** _____

1. Person Involved: _____ Gender: _____ Age: _____ Phone: _____

Address: _____

2. Person Involved: _____ Gender: _____ Age: _____ Phone: _____

Address: _____

3. Person Involved: _____ Gender: _____ Age: _____ Phone: _____

Address: _____

4. Person Involved: _____ Gender: _____ Age: _____ Phone: _____

Address: _____

Incident Details: What happened? (who, what, when, where, how & why) – Use back of page if necessary.

Type of Incident (Circle One):

Fight Failure to comply with center policies Theft Vandalism Unusual Behavior Under the Influence

Other: _____

Location Incident Occurred (Circle One)

Gym-Inside Gym-Outside Playground Wellness Center Game Room Front Desk Kitchen

Computer Room Homework Room Senior Room Hallway Restroom: F / M Other: _____



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If an injury occurred as a result of this incident, also complete an accident form.

Action Taken (be specific)

Did child injuries result? Yes No

Medical treatment administered: _____

Executive Director notified?: Yes No By whom? _____ Date/time _____

9-1-1 called: Yes No By whom? _____ Date/time _____

Parent Notified? Yes No By Whom? _____ Date/Time _____

Say Yes Notified (if applicable)? Yes No By Whom? _____ Date/Time _____

Other comments: _____

Follow Up Report

Date called _____ By whom? _____

Meeting with _____ Scheduled for (Date/Time) _____

Comments from involved person (provide full name) _____

Other comments/information

I attest that all information provided here is accurate.

Signature of person making report

Date

Print Name _____