



## ***Employee Incident Report Form***

(Please send Incident Reports to the Superintendent & Principal Office as soon as possible.)

Report By: \_\_\_\_\_ Date of Report: \_\_\_\_\_

Title/Role: \_\_\_\_\_ School/Building: \_\_\_\_\_

### **Employee Incident Information**

Employee Name: \_\_\_\_\_ Title/Dept.: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

### **Brief description of the incident:**

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### **Actions Taken:**

Was treatment necessary? \_\_\_\_ yes \_\_\_\_ no

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was employee sent home? \_\_\_\_ yes \_\_\_\_ no

Was emergency contact notified? \_\_\_\_ yes \_\_\_\_ no

Name(s) of Any Witnesses:

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Signature of supervisor at the time of incident:

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