

# INCIDENT REPORT

CLIENT LOCATION <u>School District of University City</u>	<b>WHEN</b> did incident occur: Date: _____ Time: _____
<b>TYPE OF INCIDENT:</b> _____	

**WHO** reported incident:  
Name \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_

**WHO** was involved:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_

**WHERE** did incident happen: (Be specific; list floor, room number. etc.)  
\_\_\_\_\_  
\_\_\_\_\_

**HOW AND WHY** did incident happen: (Be specific; describe any loss and/or damage)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WHAT** action was taken:  
\_\_\_\_\_  
\_\_\_\_\_

WHO was Notified	Time Notified	Time Arrived	Comments (Name, Badge #, etc.)
<input type="checkbox"/> Executive Director	_____	_____	_____
<input type="checkbox"/> Supervisor	_____	_____	_____
<input type="checkbox"/> Police Department	_____	_____	_____
<input type="checkbox"/> Fire Department	_____	_____	_____
<input type="checkbox"/> Ambulance	_____	_____	_____
<input type="checkbox"/> District Security	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	_____

**LIST** additional details below: (Use additional paper if necessary)  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE OF:**

Reporting Officer: \_\_\_\_\_ Supervisor: \_\_\_\_\_