



Incident Report

Date of Incident _____

Setting of Incident _____

Name(s) and Age(s) of minor(s) involved _____

Describe what happened _____

What Action, if any, was taken _____

Were the parents of the minor(s) notified (circle one) YES NO

If yes, describe how the parents were notified and their reaction _____

Please list any adults who may have witnessed this incident either directly or indirectly _____

Printed name of person completing this report

Signature of person completing this report

Printed name of adult witness

Signature of adult witness

Today's Date