

Incident Reporting Form

Date/Time:

School:

Location:

PERSONS INVOLVED

Student Name:

Staff/Volunteer Name:

Others Involved:

INCIDENT (BRIEFLY DESCRIBE THE INCIDENT; INJURY, PROPERTY DAMAGE, AGGRESSION TOWARD OTHERS, HARM TO SELF OR OTHERS)

PRECIPITATING FACTORS (ANTECEDENT):

DESCRIBE INCIDENT:

Describe incident continued...

DESCRIBE ACTION TAKEN: (INTERVENTIONS, TIME NAMES AND OUTCOME)

RESTRICTIVE PROCEDURES USED: YES/NO
(IF YES CIRCLED PLEASE PROCEED TO PHYSICAL INTERVENTION INCIDENT REPORT FORM)

REPORTING OF INCIDENT (contact those that apply)	Yes/No	Name	Time
<ul style="list-style-type: none">• Educational Assistant• Teacher• Learning Support Teacher• Principal• Parents/Family• Director of Learner Services			

Reporter Name and Signature:

Administrator Name and Signature: