



Incident Report Form

Use this form to report accidents, injuries, medical situations, or student incidents (i.e. Level II Behaviors). Complete both pages and send to your Springboard Program Director/Coach and CC your manager(s) or any other support staff at your site. If possible, the report should be completed and submitted within 24 hours of occurring.

Please note: If the incident involves a student, a parent/guardian MUST be contacted

Person involved in incident

Full Name _____ Student Staff

Date of Birth _____

Contact Phone Number (parent/guardian for students) _____

Information about the incident

Date _____ Time _____

School Site _____

Class/Teacher _____

Location of the Incident (e.g. hall, classroom) _____

Description of incident (what happened, how it happened, factors leading to the event, witnesses involved). Be as specific and objective as possible and use additional paper if necessary).

Other(s) Involved:

Action Taken:

People notified of incident:

- Parent/Guardian _____ Date/Time _____
- Police _____ Date/ Time _____
- Hospital/EMT _____ Date/Time _____
- School Office _____ Date/Time _____

Injuries

Was the individual injured? If yes, please describe the injury, what part of the body, etc. Be specific and objective.

Was medical treatment provided? Yes No Refused

Where was treatment provided? On site Emergency room Other

Other Notes/Information:

By signing this form, I certify that the information contained within this report is true and correct to the best of my knowledge.

Report Name _____ Reporter Signature _____