

INCIDENT REPORT FORM

Reason for report _____

Date of incident _____ Program/Class _____

Name(s) and Age(s) of Minor(s) _____

Quote the child's first words verbatim: _____

Briefly describe what happened: _____

What action did you take? _____

Has the incident been resolved? _____yes _____no Explain: _____

Were there any witnesses? _____yes _____no Names: _____

Signature of witness (if present) _____

Report submitted to: _____

Signature of person completing report: _____