



Lompoc Unified School District
P.O. Box 8000 • 1301 North A Street, Lompoc, CA
93436 Phone: 805-742-3200 • Fax: 805-742-3321

INCIDENT REPORT

Student's Name: _____ Date of Incident: _____

School: _____ Attending Teacher: _____

Details of Incident: _____

Injured Part of Body: (circle all that apply) Left Side Right Side

Abdomen	Arm	Back	Chest	Eye	Face
Finger	Foot	Hand	Head	Leg	Neck

Other pain/discomfort – explain: _____

Site Response/First Aid Given: _____

Follow-up (if applicable): _____

Parent Contacted: _____

Teacher/Site Administrator Signature: _____