



Pottsgrove School District Incident Report Form

General Information							
Day of Incident	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Date of Incident					Time of Incident	AM/PM	
Location of Incident							
Name of Event or Brief Description							

Staff Reporting Incident			
Date Prepared		Time Prepared	AM/PM
Name (Last, First, MI)	Phone #	Email Address	
Position	Signature		

Person/Group Involved (Primary)	
Name (Last, First, MI) or Group Name	
Phone #	Email Address
Affiliation	<input type="checkbox"/> Student <input type="checkbox"/> Student Staff <input type="checkbox"/> Faculty/Staff <input type="checkbox"/> Guest <input type="checkbox"/> Other _____
Involvement	<input type="checkbox"/> Accused <input type="checkbox"/> Victim <input type="checkbox"/> Witness

Person/Group Involved (Secondary)	
Name (Last, First, MI) or Group Name	
Phone #	Email Address
Affiliation	<input type="checkbox"/> Student <input type="checkbox"/> Student Staff <input type="checkbox"/> Faculty/Staff <input type="checkbox"/> Guest <input type="checkbox"/> Other _____
Involvement	<input type="checkbox"/> Accused <input type="checkbox"/> Victim <input type="checkbox"/> Witness

Person/Group Involved (Secondary)	
Name (Last, First, MI) or Group Name	
Phone #	Email Address
Affiliation	<input type="checkbox"/> Student <input type="checkbox"/> Student Staff <input type="checkbox"/> Faculty/Staff <input type="checkbox"/> Guest <input type="checkbox"/> Other _____
Involvement	<input type="checkbox"/> Accused <input type="checkbox"/> Victim <input type="checkbox"/> Witness

Add additional Individuals involved on another copy of this page if necessary



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Incident Information

Type of incident	Classification of Incident
<input type="checkbox"/> Accident (physical) <input type="checkbox"/> Accident (vehicular) <input type="checkbox"/> Assault/Fight <input type="checkbox"/> Complaint <input type="checkbox"/> Policy Violation <input type="checkbox"/> Theft <input type="checkbox"/> Threat <input type="checkbox"/> Property Damage/Vandalism <input type="checkbox"/> Other _____	<input type="checkbox"/> Event or Facility-related <input type="checkbox"/> Interpersonal incident/conflict <input type="checkbox"/> Minor Injury or Illness <input type="checkbox"/> Serious Injury or Illness <input type="checkbox"/> Other _____

Describe how the incident occurred using as many details as possible *(use a separate sheet if needed)*.

Describe what the person involved was doing when the incident occurred

Describe the injuries or damage/any first aid/medical assistance that was given, and by whom

Response	
<input type="checkbox"/> Report only (no response) <input type="checkbox"/> Care not needed <input type="checkbox"/> Victim refusal of care <input type="checkbox"/> Medical attention on-site <input type="checkbox"/> Referral to off-site health service <input type="checkbox"/> EMS transport	<input type="checkbox"/> District Employee/Twp Police Summoned <input type="checkbox"/> District Employee <input type="checkbox"/> Third Party Security <input type="checkbox"/> Student Resource Office (SRO) <input type="checkbox"/> Police Report Filed

Office Use Only

Date Report Received		Time Report Received	
Follow Up			