Lyndhurst Public Schools

BOARD OF EDUCATION
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JOSEPH A. DECORSO *Superintendent of Schools*
ALMA MOREL, Ph.D. *Asst. Superintendent of Schools*
JAMES HYMAN *School Business Administrator*

Incident Notification Form

Date of this Report: _____

Incident Date & Time: _____ ☐AM ☐PM

Name of Person Filing Report (print): _____

Incident Location:

☐ LHS	☐ LHS Pool	☐ LHS Gym
☐ LHS Field/Field House	☐ LMS	☐ LMS Field
☐ Community School	☐ Washington School	☐ Columbus School
☐ Franklin School	☐ Jefferson School	☐ Roosevelt School
☐ Memorial Campus	☐ School Bus	☐ Field Trip/Off Site

Nature of Incident:

☐ Student Injury	☐ Student HIB	☐ Student Vandalism
☐ Security Violation	☐ Damage to Facility	☐ Damage to Vehicle
☐ Student Accident	☐ Staff Accident	☐ Staff Complaint
☐ Community Complaint	☐ Staff Infraction	☐ Legal Action
☐ Bus Accident	☐ Policy Violation	☐ Equipment Failure

Details of Incident (be as specific as possible):

Prior to this report, was the incident reported to Central Office? YES ☐ NO ☐

If YES, who was contacted? (Explain conversation related to the incident):

Did you, or any personnel, notify the Lyndhurst Police Department? YES ☐ NO ☐

List any corrective actions taken:

Other Essential Details:

Administrator Accepting Report: _____

Signature: _____

Time/Date: _____