

**NEW PHILADELPHIA CITY SCHOOLS
UNUSUAL INCIDENT REPORT**

Date: _____		Building: _____	
Incident Date: _____	Time: _____	Place of Incident: _____	
Date Report Made: _____		Time: _____	
Type of Incident: mark all that apply () Serious Threat() Physical Aggression() Property Damage () Injury to Youth/Staff : If so, please fill out injury report () Other : _____			
Name of Students/Staff Involved: 1) _____ 4) _____ 2) _____ 5) _____ 3) _____ 6) _____			
Name of Witnesses: 1) _____ 4) _____ 2) _____ 5) _____ 3) _____ 6) _____			
Description of Incident: (who, what, where, why/cause if known) _____ _____ _____ _____ _____ _____			
Immediate Action taken: _____ _____			
Further Action Needed: _____ _____			
Report Submitted by: _____ Date: _____ Time: _____			
Administrator Signature: _____ Date: _____ Time: _____			
Other Critical Incident Reports Filed? No ____ Yes ____ Other Forms: _____			