ALBERTVILLE
CITY SCHOOL SYSTEM

INCIDENT REPORT FORM

This report should be completed to document any incident involving a student, staffing agency worker, or visitor of ACS that occurs on ACS property or during an ACS event within 24 hours of the event. Completed forms should be submitted to the building principal, ACS Superintendent, or ACS Superintendent designee. If the incident involves a student, direct contact with a parent/guardian must be made as soon as possible.

PERSON COMPLETING REPORT

Full Name: _____ Title/Role:_____

Signature:_____ Date:_____

THE INCIDENT

Date of Incident:_____ Time: _____ ☐ AM ☐ PM

Name of Person(s) Involved in Incident:_____

Location of Incident:_____

Description of the Incident:_____

_____

_____

_____

_____

_____

(use back of form if more space is needed)

WITNESSES

Names and contact number of witnesses: _____

_____

**********OFFICE USE ONLY**********

Completed form received by:_____Date and time received:_____

Notes regarding Parent/Guardian Contact (if applicable):_____

_____

Administrative Notes: _____

_____

_____