



Chickasaw City Schools - Incident Report Form

Complete this form immediately for all accidents reported by employees Please submit completed form to payroll@chickasawschools.com

Date of Report: _____

Person Involved

Full Name: _____

Address: _____

Contact Information (Phone, Email): _____

The Incident

Date and Time of Incident: _____

Location of Incident: _____

Description of the Incident (what happened, how it occurred):

Injuries

Were there any injuries? (Yes/No)

If yes, describe the injuries:

Police/Medical Services

Was the police notified? (Yes/No)

Was a report filed? (Yes/No)

Was medical treatment provided? (Yes/No):

If yes, describe the medical treatment and list provider information:

Person Filing Report

Name and position of the person completing the report:
