

Genesee Joint School District 282
Incident Report Form

Date of report: _____

1) Name of person reporting incident: _____

2) Date and Time of incident: _____

3) Location of incident: _____

4) Name of person involved in incident: _____

5) Describe the incident in detail, including all information related to the incident:

6) Describe property damage (if any):

7) Were there any injuries? _____ Yes _____ No

8) If so, describe the injuries, including part(s) of body injured:

8) Description of first aid given on site:

9) Did Employee seek Emergency Medical treatment for injury? _____ Yes _____ No

10) Date and time Administration was notified of incident: _____

11) Signature of Employee completing form: _____

***Regardless of how minor the incident may seem, this report
Must be completed and turned into the school office.***