

## Accident/Incident or Allegation Reporting Form

Date of report: \_\_\_\_\_

Reported by: \_\_\_\_\_ Reported to: \_\_\_\_\_

Date of Accident/Incident or Allegation: \_\_\_\_\_

Location: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

How did you become aware of the Accident/Incident or Allegation? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name(s) of person(s) involved:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did anyone else witness the situation? If so, who? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What visible injuries did you observe? \_\_\_\_\_

\_\_\_\_\_

Were injuries treated?  No  Yes – Describe treatment and by whom: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were parents/guardians notified?  No  Yes When: \_\_\_\_\_

By whom? \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time