



Incident Report Form

Use this form to report accidents, injuries, medical situations, or student behavior incidents. (Incidents involving a crime or traffic incident should be reported directly to the Delta County Sheriff's Office and Administration.) If possible, the report should be completed within 24 hours of the event. Submit completed forms to the Administration Office.

INFORMATION ABOUT PERSON INVOLVED IN THE INCIDENT			
Full Name			
Home Address			
<input type="checkbox"/> Student	<input type="checkbox"/> Employee	<input type="checkbox"/> Visitor	<input type="checkbox"/> Vendor
Phone Numbers	Home	Cell	Work

INFORMATION ABOUT THE INCIDENT		
Date of Incident	Time	Police Notified <input type="checkbox"/> Yes <input type="checkbox"/> No
Location of Incident		
Description of Incident (what happened, how it happened, factors leading to the event, etc.) Be as specific as possible (attached additional sheets if necessary)		
Were there any witnesses to the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, report names, addresses, and phone numbers on page 2		
Was the individual injured? If so, describe the injury (laceration, sprain, etc.), the part of body injured, and any other information known about the resulting injury(ies).		
Was medical treatment provided? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused If yes, where was treatment provided: <input type="checkbox"/> on site <input type="checkbox"/> Urgent Care <input type="checkbox"/> Emergency Room <input type="checkbox"/> Other		

REPORTER INFORMATION
Individual Submitting Report (print name)
Signature
Date Report Completed

FOR OFFICE USE ONLY

Report Received by _____

Date _____

FOR OFFICE USE ONLY

Document any follow-up action taken after receipt of the incident report.

Date	Action Taken	By Whom

INFORMATION ABOUT WITNESS 1			
Full Name			
Home Address			
<input type="checkbox"/> Student	<input type="checkbox"/> Employee	<input type="checkbox"/> Visitor	<input type="checkbox"/> Vendor
Phone Numbers	Home	Cell	Work

INFORMATION ABOUT WITNESS 2			
Full Name			
Home Address			
<input type="checkbox"/> Student	<input type="checkbox"/> Employee	<input type="checkbox"/> Visitor	<input type="checkbox"/> Vendor
Phone Numbers	Home	Cell	Work

INFORMATION ABOUT WITNESS 3			
Full Name			
Home Address			
<input type="checkbox"/> Student	<input type="checkbox"/> Employee	<input type="checkbox"/> Visitor	<input type="checkbox"/> Vendor
Phone Numbers	Home	Cell	Work