



Restoring America's Heritage by Developing Servant Leaders

Instructions for Completing the Incident Report Form

Incident reports are for documentation and investigation or response to student misconduct or behavioral issues, accidents or injuries, medical issues, 911 calls, crime reports (theft, vandalism, violence, etc.), and safety or security issues. When in doubt, always complete an incident report. It is important to complete an incident report in a timely manner. Incident reports shall be written within 24 hours of an incident and should be approved within five business days of the incident.

Only the staff member who is “leading” the entire incident needs to complete the incident report. If there are other staff that have involvement with the incident, they can submit a witness statement to be attached to the incident report.

Incident Information

- Complete date, time, and day of week of the incident.
- Record the name of the employee completing the incident report form.
- Record the exact location where the incident occurred.
- Check the appropriate box for the school that is relevant to the incident.
- Indicate the incident type. E.g.: medical, discipline, work-related injury etc.
- Check the appropriate box if 911 was called, EMS transported, and police notified.
- Record the police report number, if applicable.

Involved Party

- Complete all information in this block. If the involved party is a scholar, you can attach their demographic page from Aeries and indicate such on the Full Name line.
- If the involved party is a minor, complete the Parent/Guardian information line.
- If any field is not applicable, please note as such with N/A.

Narrative of Incident

- Describe the details of the incident specifying who, what, when, where, and how it occurred. If additional space is needed, mark the ‘Continued’ box and complete the narrative on a separate page.
- List any witnesses of the incident. If able, have witnesses complete the respective witness statement form.

Signature of Approval

- When finished with the incident report, at the bottom of the page, sign and date the document.
- You will need to have the incident report reviewed by your supervisor and if approved, the supervisor will sign and date in the appropriate field.

INCIDENT REPORT

JOHN ADAMS ACADEMY

INCIDENT INFORMATION				
DATE OF INCIDENT (mm/dd/yyyy)	TIME OF INCIDENT	DAY OF WEEK	EMPLOYEE NAME	
INCIDENT LOCATION				CAMPUS <input type="checkbox"/> ROS <input type="checkbox"/> LIN <input type="checkbox"/> EDH
INCIDENT TYPE <input type="checkbox"/> Medical <input type="checkbox"/> Other:	911 CALLED <input type="checkbox"/> YES <input type="checkbox"/> NO	EMS TRANSPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	POLICE NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO	REPORT NUMBER <input type="checkbox"/> N/A

INVOLVED PARTY				
FULL NAME				<input type="checkbox"/> DEMOGRAPHIC PAGE ATTACHED
SEX	BIRTHDATE	AGE	GRADE	TEACHER
STREET ADDRESS		CITY	STATE	ZIP
PARENT/GUARDIAN NAME		PHONE NUMBER	RELATIONSHIP	CONTACTED <input type="checkbox"/> YES <input type="checkbox"/> NO
TRANSPORTED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	TRANSPORT BY <input type="checkbox"/> SELF/PARENT <input type="checkbox"/> AMBULANCE <input type="checkbox"/> PD <input type="checkbox"/> N/A		TAKEN TO <input type="checkbox"/> N/A	

NARRATIVE
1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
<input type="checkbox"/> CONTINUED

EMPLOYEE NAME/TITLE	SIGNATURE	DATE
REVIEWER NAME	REVIEWER SIGNATURE	APPROVAL DATE