

Incident Report Form



Names of people involved in the incident: _____

Date of Writing Report: _____ **Time of Writing Report:** _____

Name(s) of the person or people involved in the incident: (OPTIONAL)

Description of the incident:

Date the incident occurred: _____

Location where incident occurred:

Nature of the incident:

Summary of the events prior to incident:

Immediate action taken:

If no action taken – reason:

Name of person completing form: _____

Contact telephone number: _____

Signature: _____ **Date:** _ _____

Name of person to whom the report was submitted: