CONFIDENTIAL

CARLSON HOME / HOSPITAL SCHOOL

INCIDENT REPORT FORM

Teacher Name_____ Employee #_____

Student Name _____ Birth Date _____

Location _____ Date_____ Time _____

_____

Type of Report:

- ❒ Property Damage
  - _____ Teacher
  - _____ School
  - _____ Other
- ❒ Accidental Injury
- ❒ Situation Unsafe
- ❒ Hate Crime
- ❒ Aggressive Act
  - _____ Teacher
  - _____ Other(s)
- ❒ Sexual Incident
  - _____ Teacher
  - _____ Other(s)
- ❒ Other _____

Description of Incident: _____

_____

_____

_____

_____

Description of Injury, if any: _____

_____

_____

Administrator notified: ❒ YES ❒ NO

Name _____ Date _____ Time _____

Others notified _____ Date_____ Time _____

_____ Date _____ Time _____

Reported by:

Name _____ Date _____ Time _____

Signature _____ Employee Number _____

Administrative Follow Up:

Report received by: _____ _____

Administrator Date

Follow up actions: _____

_____

_____

_____

10/08