

New Creation Christian Academy

Incident Report Form

This form is to be used for all incidents involving students other than accidents.

ES___MS___ HS___ Afterschool___

DATE & TIME OF INCIDENT _____ LOCATION _____

DOES THIS INCIDENT INVOLVE: Students? Y N Staff? Y N Other(s)? Y N

NAME OF PERSON(S) INVOLVED: _____

Address _____ Phone _____

DESCRIPTION OF INCIDENT (Please include names of individuals involved, the nature of the incident, and a brief narrative of what occurred):

WAS ILLNESS OR INJURY INVOLVED? (If yes, provide details and *attach copy of accident report.*)

FINAL DISPOSITION (how you handled the incident, any next steps required, or likely outcomes):

PRINT NAME OF PERSON SUBMITTING REPORT _____

SIGNATURE OF PERSON SUBMITTING REPORT _____

PRINCIPAL'S SIGNATURE: _____

(PLEASE USE ADDITIONAL PAGES IF NEEDED)
