

# INCIDENT REPORT FORM

Reason for Report \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Names of those involved: \_\_\_\_\_

\_\_\_\_\_

Quote the complainant's words verbatim: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Briefly describe what happened: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What action did you take? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has the incident been resolved?  Yes  No. Explain: \_\_\_\_\_

\_\_\_\_\_

Were there any witnesses? \_\_\_\_\_

\_\_\_\_\_

Signatures of witnesses (if possible): \_\_\_\_\_

\_\_\_\_\_

Report submitted to: \_\_\_\_\_