

Incident Report Form

Southwest Region Conference of Seventh-day Adventist

2215 Lanark Avenue
Dallas, TX 75203
(214) 943-4491

Date of Incident _____ Time _____

Name of School _____

Name of homeroom teacher _____

Name(s) of student(s) involved _____

Name(s) of any witness(es) _____

Type of incident _____

Was there an injury? ___ Yes ___ No If there was an injury, describe the injury and treatment.

Describe in detail the incident, including where the incident occurred, names of witnesses, supervision at the time of incident, and who was in charge of the activity.

Were the parents contacted? How? By whom? When?

Were there any special circumstances to this incident?

Signature of Teacher

Date

All serious incidents should be reported to the Southwest Region Conference Office of Education.