INCIDENT REPORT FORM

This form should be completed as soon as possible following any significant incident involving boarding students. Complete all sections with factual information. Submit the completed form to the appropriate staff member as per school policy.

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1. INCIDENT DETAILS

|  |  |
| --- | --- |
| Date of Incident: | Click or tap to enter a date. |
| Time of Incident: | Click or tap here to enter text. |
| Location of Incident: | Click or tap here to enter text. |
| Type of Incident: | Choose an item. |
| Severity Level: | Choose an item. |

<!-- In a real implementation, dropdown lists would be added for: -->

<!-- - Type of Incident: Behavioral, Health/Medical, Safety, Property Damage, Other -->

<!-- - Severity Level: Minor, Moderate, Serious, Critical -->

2. INDIVIDUALS INVOLVED

|  |  |
| --- | --- |
| Students Directly Involved: | Click or tap here to enter text. |
| Student Witnesses: | Click or tap here to enter text. |
| Staff Members Present: | Click or tap here to enter text. |

3. INCIDENT DESCRIPTION

Provide a factual description of what occurred:

Click or tap here to enter text.

4. IMMEDIATE RESPONSE

Actions taken immediately following the incident:

Click or tap here to enter text.

5. NOTIFICATIONS

|  |  |  |
| --- | --- | --- |
| Person/Role Notified | Date/Time | Method of Communication |
| Parents/Guardians | Click or tap here to enter text. | Click or tap here to enter text. |
| Boarding House Manager | Click or tap here to enter text. | Click or tap here to enter text. |
| School Administration | Click or tap here to enter text. | Click or tap here to enter text. |

6. FOLLOW-UP ACTIONS

Actions required following this incident:

Click or tap here to enter text.

|  |  |  |
| --- | --- | --- |
| Action | Person Responsible | Deadline |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |

7. ADDITIONAL INFORMATION

Any other relevant information:

Click or tap here to enter text.

8. REPORT COMPLETION

|  |  |
| --- | --- |
| Report Completed By: | Click or tap here to enter text. |
| Position: | Click or tap here to enter text. |
| Date: | Click or tap to enter a date. |