

Incident Reporting Form

Date and Time of Incident	Date of Report
Completed By	

Who did the incident involve?	Where did it happen?
Type of Incident (1, 2, 3, or 4)	1 = low level, no others involved 2 = medium level, others involved, nonviolent 3 = high level, other involved, violent, no sustained injury 4 = severe, others involved, violent, sustained injury
Detail exactly what happened, any interventions applied (for example, restraint or temporary or permanent exclusion from activities.) Remain factual to the actual events that occurred.	
Could the incident have been prevented? Detail how or suggest changes to prevent Recurrence.	
Signed:	Date:
Copied to:	

Please use the back or another sheet, as needed.