Incident Report: School Grounds Injury

Date of Incident: [_____]

Time of Incident: [_____]

Location: [_____]

Student Name: [_____]

Grade/Class: [_____]

Description of Incident:

[   ]

Describe Injury:

[   ]

Witnesses (Names): [_____]

Action Taken:

[   ]

Reported By: [_____]

Report Date: [_____]

[Submit Report]