**Date of Incident:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Time of Incident:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Location of Incident:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Staff Member Completing Form:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Position:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date of Statement:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Description of Incident**

(Provide a detailed account of what occurred, including any actions taken by staff, students involved, and any relevant environmental factors. Be as specific as possible.)

**Witnesses (if applicable)**

(Include names of any staff or students who witnessed the incident.)

**Immediate Actions Taken**

(Describe any steps taken following the incident, such as medical attention provided, disciplinary actions, parent notifications, or safety measures implemented.)

**Additional Comments**

(Any other relevant information or concerns.)

**Staff Acknowledgment:**  
I, **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**, affirm that the above statement is accurate to the best of my knowledge. I understand that this document may be used as part of an internal investigation and that providing false information may result in disciplinary action.

**Staff Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor Review (if applicable):**

**Supervisor Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date Reviewed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Administrative Use Only**

**Investigation Outcome:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Follow-Up Actions Taken:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Final Review by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_