

INCIDENT REPORT

1 | INCIDENT INFORMATION

Incident / Report #: _____ Date of Incident: _____ Time: ____ ☐ AM ☐ PM

Location / Site: _____

Incident Type - Check all that apply:

- | | | |
|---|--|--|
| ☐ Medical / Injury | ☐ Suspicious Activity | ☐ Child / Youth Concern |
| ☐ Safety Hazard | ☐ Property Damage | ☐ Security / Access |
| ☐ Disturbance / Conflict | ☐ Theft / Loss | ☐ Emergency / Active Threat |
| ☐ Information Only | ☐ Other: _____ | |

2 | PERSONS INVOLVED / WITNESSES

Include contact information when appropriate.

Name: _____ Role / Relationship: _____ Contact: _____

Name: _____ Role / Relationship: _____ Contact: _____

Use GS-DR-002 - Supplemental Report for additional persons when needed.

3 | INCIDENT DESCRIPTION

Describe what occurred in chronological order. Record facts rather than assumptions.



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4 | ACTIONS TAKEN / RESPONSE

Describe what was done in response to the incident and by whom.

5 | NOTIFICATIONS / ADDITIONAL INFORMATION

Notifications / Outside Response - Check all that apply:

☐ Leadership _____ ☐ Police ☐ Fire ☐ EMS ☐ Parent / Guardian ☐ Other: ☐ None

Police / Fire / EMS Agency or Report #: _____

Check if applicable:

☐ Injury / Medical Concern ☐ Property Damage / Loss ☐ Photos / Video / Documents / Other Supporting Material

Briefly identify:

6 | FOLLOW-UP / RECORD COMPLETION

Follow-Up / Referral, if needed:

Report Prepared By: _____

Signature: _____ Date: _____