Incident Report

Child's Name/Parent's Name:		Date:	Time:	
School/Site of Incident:	Exact Locat	ion at School/Site:		
Type of Incident: ☐ Bullying (follow Anti-Bullying P ☐ Suspect/Neglect Abuse (follow ☐ Destruction of Property ☐ Parent Conduct Violation ☐ Other:	Recognizing and Repo	orting Abuse and Negled		
Describe Incident (include others	involved):			
			 	
Injuries Involved:				
Other Witnesses:				
Name:				
Name:				
Name:				
Parents notified?	☐ Yes ☐ No			
ECECD notified?	☐ Yes ☐ No			
Principal notified?	☐ Yes ☐ No			
Program staff notified?	☐ Yes ☐ No			
Program Coordinators notified?	☐ Yes ☐ No			
Staff Name:		Date:_		
Staff Signature:		Date:		