

# GENERAL INCIDENT REPORT

CONTRACTOR INFORMATION		INCIDENT INFORMATION	
NAME		DATE	
		TIME	
DATE FORM COMPLETED		LOCATION	
		WITNESS	

FULL NAME OF INDIVIDUAL AFFECTED	ADDRESS
AGE	Position: <i>(Circle one)</i> Teacher    Student    Parent    Other

DESCRIBE WHAT HAPPENED IN DETAIL INCLUDING TIMES AND LOCATIONS

IF APPLICABLE, DESCRIBE ALL INJURIES IN DETAIL INCLUDING ANY PART(S) OF THE BODY AFFECTED

COMMENTS FROM WITNESSES	OTHER COMMENTS

CONTRACTOR INVOLVED			
SIGNATURE		DATE	

OFFICE STAFF			
SIGNATURE		DATE	