

# MATHIS INDEPENDENT SCHOOL DISTRICT



## Incident Report Form

DATE FORM IS COMPLETED: \_\_\_\_\_

Campus/Department: \_\_\_\_\_

Principal/Director/Coordinator/Staff Person completing form:

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Campus/Department: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Name of the student or employee of the incident: \_\_\_\_\_

Names of Witnesses, if any (All witnesses listed must complete an individual incident form)

What action was taken or should have taken to prevent a similar incident:

Unsafe practices, if any, that may have led to the incident and reason for those practices:

Was emergency medical services requested, if so who?

Who and what time was the contact person for the incident victim contacted?

*Name of Contact Person(s):* \_\_\_\_\_

*Contact Person's Relation to the Victim?* \_\_\_\_\_

*Contact Person's Phone Number:* \_\_\_\_\_

Additional Comments:

Signature of Person Completing this form: \_\_\_\_\_

Date: \_\_\_\_\_

Principal/Administrator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Superintendents Signature:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_