

ECC/ECS INCIDENT REPORT FORM

Use this form to report accidents, criminal activities, traffic incidents, or student behavior incidents. A report should be completed within 24 hours of the event.

Date of Report: _____

PERSON INVOLVED

Full Name: _____ Address: _____

Phone: _____ E-Mail: _____

THE INCIDENT

Date of Incident: _____ Time: ___ AM PM

Location: _____

Describe the Incident:

INJURIES

Was anyone injured? Yes No

If yes, describe the injuries: _____

WITNESSES

Were there witnesses to the incident? Yes No

If yes, enter the witnesses' names and contact info: [NAMES OF WITNESSES]

POLICE / MEDICAL SERVICES

Police Notified? Yes No If yes, was a report filed? Yes No

Was medical treatment provided? Yes No Refused

If yes, where was medical treatment provided? On site Hospital Other (walk-in, urgent care) _____

PERSON FILING REPORT

Signature: _____ Date: _____

Print Name: _____

OFFICE USE ONLY

Report received by: _____ Date: _____

Follow-up action taken:

Action Taken: _____