



## **INCIDENT REPORT FORM CHECKLIST**

- q Name of student
- q Date of Submission
- q Date/Time of Incident
- q Name and title of person writing report
- q Exact location of incident (e.g. address, floor of building, room number, hallway)
- q Conditions (e.g. weather, lighting, slippery floor)
- q List of key participants and their relationship to one another
  - Names/title of staff involved
  - Names/address/telephone numbers of witnesses
  - Names/address/telephone numbers of injured or acting-out person
  - Identify persons as staff, clients, students, patients, visitors, etc.
- q Complete description of incident in chronological order
  - What led up to the incident?
  - At what point were you alerted to the incident?
  - What verbal and/or physical interventions were attempted?
  - How was the incident resolved?
- q Emergency action taken (e.g. did you summon police, security and/or medical help?)
- q Consequences (e.g. injuries, property damage)
- q Persons verbally notified of incident (include name/title/date/time)
- q Persons receiving copy of this report (include name/title)
- q Signature of author/date of report