

ABC Adult School Incident Report

To be completed by the person(s) involved in the incident and/or witnesses.

Date of incident _____ **Time** _____ **Location** _____

Who/What was involved? _____

Where did the incident occur? _____

Name(s) of Witnesses (if any) _____

Were there injuries? _____ **if yes, describe** _____

Were the police called? _____

Name(s) of officer who responded _____

Please briefly describe what happened:

Prepared by: _____ **Date:** _____

Reviewed by: _____ **Date:** _____

Administrator on Duty