



Incident Report

Date/Time of Incident: _____ Date of Report: __/__/__

Location of Incident: BLN CRS LINO SLP WBL WDBY Other: _____

Name: _____ Date of Birth: __/__/__

If minor

Parent/Guardian Name(s): _____

Action Taken (circle one)

Continued activity | Limited activity | Paged/called parent | Program suspension _____

Emergency service contacted (complete Accident/Injury report) | Child Protection Services contacted (complete full agency report)

What Happened (be specific)

What happened and where? _____

Who else was involved? _____

Describe any additional actions or statements that were taken or made in regard to the incident:

Witnesses (those who were present or observed occurrences):

Name: _____ Role: _____ Phone: ____ . ____ . ____

Name: _____ Role: _____ Phone: ____ . ____ . ____

Name of person making the report: _____

Signature of person making the report: _____ Date: __/__/__

Parent/Guardian signature, if contacted: _____ Date: __/__/__

Parent/Guardian refused to sign report. Witness signature: _____

Please Return to EBC Staff | Submit to HR