

DUCHESNE HIGH SCHOOL

Incident Report



Person Completing Report: _____ Date of Incident: _____

Location of Incident: _____ Time of Incident: _____

Person injured in the incident: (one form per person)

Name: _____

Address: _____

Phone: _____

Person(s) involved in the incident: (responders, witnesses)

<i>Name:</i>	<i>Role:</i>	<i>Name:</i>	<i>Role:</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Description of Incident:

Immediate Action in Responding to the Incident:

Preparer's Signature

Administrator's Signature