SPECIAL INCIDENT REPORT

Form must be used to report all significant incidents, other than those covered on a Send-Off Report. This form must be submitted to the appropriate Governing Body within 3 business days of the incident.

Date of the Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approximate Time: \_\_\_\_\_\_\_\_\_\_\_\_

Location at which the incident took place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person(s) involved in the incident:

Describe the Incident (add space as required):

Identify any witnesses to the incident:

Please provide the following additional information as relevant and required:

Attached #\_\_\_ pages Diagram Additional Supporting Information (describe):

Name: Position:

Signature: Date:

Office use only:

Date received: Staff Name: