



INCIDENT REPORT FORM - Pajaro Unified School District

This form should be completed as fully as possible on the date of the incident (please use additional sheets as necessary). For an incident involving or witnessed by a student, a staff member should complete the form on their behalf. However, completion of this form should come before any discussion between one witness and another.

Date of incident: **Day of week:** **Time:** a.m. / p.m.

1. **Synopsis of today's incident** (include what person was doing, events leading up to incident, any property damaged, any injury suffered, how sustained, treatment received, given by whom, etc):

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(attach additional pages as needed; take pictures and include with report if possible)

2. **Person** involved in incident:

Name:

Work address (if different from school address)/home address (if student):

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Job/Position (if member of staff):

Any previous incidents involving this same person?

Dates and brief recap, as appropriate/available:

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3. **Staff member** reporting incident:

Name:

Work address (if different from school address):

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Position:

4. **Witness(es):** (attach statements from each witness)

Name:

Address:

Additional witness(es):

Name:

Address:

Name:

Address:

5. **Categorize the Type** of incident: (e.g. if an accident; if causing a disturbance or involved in violence; etc.)

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6. **Location** of incident (attach sketch as appropriate)

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7. **Outcome:** (e.g. whether police were called; police report filed; parents contacted; person transported/removed from scene by/with whom; if simple incident in course of employment, what happened after the incident; etc.)

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Name and contact info of responding police officer, and incident/case number, as appropriate:

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Incident Assessment

Suggest possible contributory factors:

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Had any measures been taken/training been given to try to prevent an incident of this type occurring?

If so, what? Could they be improved?

If not, could action now be taken to prevent/reduce recurrence? If so, what ?

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Any other relevant information:

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Printed name: Signature:

Date:

Please return as soon as possible to District Risk & Safety Manager/Business Services Office.

(831) 786-2100, x2532

(831) 728-8160 fax