

Incident Statement Form (Employee)

Person Reporting:	Date of Incident:
Location of Incident:	Time of Incident:
List all involved individuals including witness	ses
	Full Name
1.	
2. 3.	
3.	6.
Describe the facts of the incident. Please included believe print clearly, sign and date the	ude all information that may be relevant. Be thorough and this form.
	Use another sheet if needed.
	School System or misrepresenting oneself is a violation of the
Signature of Person Reporting:	Today's Date:
Signature of Person Receiving Form:	Today's Date:



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