



Union Public Schools Incident Report

School or Building: _____
<input type="checkbox"/> Student/Grade: _____
<input type="checkbox"/> Employee/Assignment: _____
<input type="checkbox"/> Other (Specify) _____

Name of Injured: _____

Address: _____ Sex: _____ Age: _____

Date of Incident: ____/____/____ Exact Time of Incident: _____ AM PM
Mo Day Year

Place of Incident: _____ Supervision By: _____

Description of Incident and Action Taken. *(Human figure diagrams on back side of this sheet.)*

Comments/Follow Up:

Report Prepared By: _____ Title: _____ Date: _____

Principal's Signature: _____ Date: _____

