



Nordon Hills City School District
Incident Report Form

INFORMATION ABOUT PERSON INVOLVED IN THE INCIDENT			
Full Name			
Home Address			
<input type="checkbox"/> Student	<input type="checkbox"/> Employee	<input type="checkbox"/> Visitor	<input type="checkbox"/> Vendor
Phone Numbers	Home	Cell	Work
INFORMATION ABOUT THE INCIDENT			
Date of Incident	Time	Police Notified <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location of Incident			
Description of Incident (what happened, how it happened, factors leading to the event, etc.) Be as specific as possible. Attach additional sheets if necessary.			
Were there any witnesses to the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide names, address and phone numbers below:			
Was the individual injured? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe the injury. If Employee, fill out online accident report.			
Was medical treatment provided? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused If yes, where was treatment provided? <input type="checkbox"/> On site <input type="checkbox"/> Urgent Care <input type="checkbox"/> Emergency Room <input type="checkbox"/> Other			
REPORTER INFORMATION			
Individual Submitting Report (print name)			
Signature			
Date Report Completed			
Report Received by		Date	