



P.O. Box 1007 Office 448 E 1st Street Salida, CO 81201 719-530-2581

Incident Report Form

Name: _____ Circle one: Student Volunteer Staff

Date of incident: _____ Time: _____ Location: _____

Names of others present at incident: _____

Describe what happened: _____

Describe the actions taken: _____

Action Timeline – Write the date when completed (if applicable):

_____ Parent contacted

_____ Doctor visit, if needed

_____ Match support staff member notified

_____ Follow-up phone call to parent / student

Signatures:

Person completing this form _____ Program Manager _____