

# UPPER COLUMBIA CONFERENCE INCIDENT REPORT FORM

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_

School: \_\_\_\_\_

Name of Teacher/Supervisor at the time of Incident: \_\_\_\_\_

Name of student(s) involved: \_\_\_\_\_

Type of incident: \_\_\_\_\_

Was there an injury?       Yes       No      Was the Principal notified?       Yes       No

If there was an injury, describe the injury and treatment:

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Describe in detail the incident, including where the incident occurred, names of witnesses, supervision at the time of the incident, and who was in charge of the activity:

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Were the parents contacted? How? By whom? When?

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Were there any special circumstances to this incident?

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Teacher's Signature \_\_\_\_\_ Date \_\_\_\_\_

*All serious incidents should be reported to the Upper Columbia Conference Office of Education*

509.838.2761  
education@uccsda.org  
www.uccsda.org/education

**Office of Education**  
**Upper Columbia Conference**  
**of Seventh-day Adventists**

