

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:

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:

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

Were there any special circumstances to this incident?

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

