

Seminole Independent School District
Incident Report
(Please Print or Type)

Name of Employee: _____ Date of Incident: _____

Employee Position at time of incident: _____

Date of Consultation: _____ Place of Consultation: _____

Nature and facts of incident: _____

Person Reporting Incident: _____
Name _____ Telephone: _____

Address: _____

Student(s) or Faculty member(s) involved in incident: _____

Witnesses: _____

Action taken by administrator: _____

Comments: _____

Has a previous incident of this nature been reported: _____ Yes _____ No

If yes, how many times: _____

Give date and reference to previous incident report _____

Additional Comments: _____

Signature of Administrator

Date