

**DIOCESE OF DAVENPORT
BOARD OF EDUCATION**

REGULATION 453.1

STAFF PERSONNEL

Incident Report

The parish/institution should make a report that contains the following information:

1. Name of Involved Party (ies), address and phone number.
2. Names, addresses and phone numbers of witnesses, if there were any.
3. Description of the Incident in as much detail as possible including what injured was doing, the chain of events, who was involved, where accident happened, date and time of accident, etc.
4. Names and phone numbers of local person(s) who conducted the investigation.
5. Signature and date of Program Administrator.

OR

Complete this form:

INCIDENT REPORT FORM

Location of Incident: _____ **Date** _____ **Time** _____

With Whom: _____

Filed By: _____

Description of Incident: _____

Action Taken: _____

Preventive Measures for Future: _____

Signature: _____ **Title:** _____