



# HARRISON PUBLIC SCHOOLS

## INCIDENT REPORT FORM

REVISED: 2022

*This form is to be used for all incidents other than HIB or EVVRS*

KES \_\_\_ LES \_\_\_ HIS \_\_\_ WMS \_\_\_ HHS \_\_\_

DATE & TIME OF INCIDENT \_\_\_\_\_ LOCATION \_\_\_\_\_

DOES THIS INCIDENT INVOLVE:    Students /Y\_\_\_N\_\_\_    Staff /Y\_\_\_N\_\_\_    Other(s) /Y\_\_\_N\_\_\_

NAME OF PERSON(S) INVOLVED: \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

DESCRIPTION OF INCIDENT *(Please include names of individuals involved, the nature of the incident, and a brief narrative of what occurred):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WAS ILLNESS OR INJURY INVOLVED? *(If yes, provide details and attach copy of accident report.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FINAL DISPOSITION *(how you handled the incident, any next steps required, or likely outcomes):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRINT NAME OF PERSON SUBMITTING REPORT \_\_\_\_\_

SIGNATURE OF PERSON SUBMITTING REPORT \_\_\_\_\_

PRINCIPAL'S SIGNATURE: \_\_\_\_\_

DATE SUBMITTED TO SUPERINTENDENT'S OFFICE: \_\_\_\_\_

**NOTE:** Immediately following the incident, please notify the Superintendent's Office by telephone. This Incident Report Forms MUST be completed and submitted by FAX within 24 hours of the incident. The FAX Number is 973-483-7484.

*(PLEASE USE ADDITIONAL PAGES IF NEEDED)*

**HARRISON PUBLIC SCHOOLS (CONT.)  
INCIDENT REPORT FORM ADDITIONAL PAGES**

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