INCIDENT REPORT FORM

Southern Utah University Head Start

Please Check One: _____Accident _____Behavior _____Concern or _____Bravo (noteworthy things)

Report sent to: _____ Head Start Director _____Child Dev Coordinator Name:_____

Form Completed by: _____ Center:_____ Date: _____

Persons Involved: _____ Time: _____

NAMES OF PERSONS NOTIFIED

Parent or Guardian: _____ Central Office: _____

Signature of witness(es):_____ _____

DESCRIPTION OF THE INCIDENT: (who, what where, when and what did you do) _____

For Behavior Reports fill out the Action Plan form and fax along with Incident Report to Child Development Coordinator. For accident reports indentify what can be done to prevent similar incidents.

Received by: _____ Date: _____ Time: _____

Copy to: _____, _____