

**MT. PLEASANT PUBLIC SCHOOLS  
INCIDENT REPORT**

Employee

Student

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_

Residence: \_\_\_\_\_

School, Classroom and/or Special Program: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ Location of Incident: \_\_\_\_\_

**Description of Incident:**

Witness(es) to Incident: \_\_\_\_\_

Persons Notified of Incident: \_\_\_\_\_

Date of Report: \_\_\_\_\_ Signature of Reporting Employee: \_\_\_\_\_

**Intervention Taken:**

Time of Intervention: \_\_\_\_\_ Signature of Reporting Employee: \_\_\_\_\_

**Administrative Comment/Recommendation:**

Date: \_\_\_\_\_ Signature of Administrator: \_\_\_\_\_