**Crisis Incident Report**

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| Date of Incident: Click or tap to enter a date. | Time of Incident: Click or tap here to enter text. |
| Contact Person: Click or tap here to enter text. | |
| School: Click or tap here to enter text. | County: Choose an item. |
| Exact Location of Incident: Click or tap here to enter text. | |
| Incident Description: | |
| Click or tap here to enter text. | |
| Communications (*With whom did you communicate with and when – please provide names, titles, dates and times.*): | |
| Click or tap here to enter text. | |
| Action Taken (*What was done and who did it – please be specific*.): | |
| Click or tap here to enter text. | |
| Authorities Involved (*Please provide name, title and specific contact information*): | |
| Click or tap here to enter text. | |
| Other Persons Involved (*Please provide name, title and specific contact information*): | |
| Click or tap here to enter text. | |

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| Submitted By (*print name*): Click or tap here to enter text. | |
| Signature: | Date: Click or tap to enter a date. |

**Please email this form to your appropriate Assistant Superintendent.**