**Crisis Incident Report**

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| **Date of Incident:** Click or tap to enter a date. | **Time of Incident:** Enter time |
| **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:** Enter date. |

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