**North Bolivar Consolidated School District**

**Supervisor’s Incident Report**

**School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| Date: | Time: |

Severity Level (Please Circle):

**Minor Moderate Severe**

 **1 2 3 4 5 6 7 8 9 10**

**School Staff and Student(s) Involved**

|  |  |  |
| --- | --- | --- |
| Name | Title | Phone Number |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**District Staff Involved (If Any)**

|  |  |  |
| --- | --- | --- |
| Name | Title | Phone Number |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Incident Description (Please provide specifics.)**

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**Emergency Action Taken (If Any)**

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| --- |
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|  |

**Incident Witness(es)**

|  |  |  |
| --- | --- | --- |
| Name | Title | Phone Number |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Individual(s) Sustaining Injury (If Any)**

|  |  |  |
| --- | --- | --- |
| Name | Title | Nature of Injury |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Date/Time Superintendent’s Office Notified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Please forward completed Incident Report to Superintendent’s Office immediately.)*

*(If an injury is sustained by a North Bolivar Consolidated School District staff member and requires medical attention, please contact Casper Edwin Hall (if possible) before the employee seeks medical attention at a clinic or hospital.)*

Information Prepared By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I acknowledge all information provided in this document is correct to the best of my knowledge.*

Supervisor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_