

# VISITOR INCIDENT REPORT

School District Logan Elm Local Building/Location \_\_\_\_\_

Visitor Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ AM/PM  
Last Name First Name Alleged Incident Date Time

Mailing Address \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street City, State, Zip

Description  
Of Location \_\_\_\_\_

## ALLEGED INCIDENT INFORMATION

Reported by \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_\_ AM/PM

Describe where within the building/location alleged incident occurred and how:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person Supervising the visitor/location \_\_\_\_\_

Please describe the alleged injury (include part of body)

\_\_\_\_\_  
\_\_\_\_\_

Name/Address/Telephone of any witnesses (Please indicate if none)

\_\_\_\_\_  
\_\_\_\_\_

Was first aid rendered?  Yes  No If yes, by whom/date/time \_\_\_\_\_

Did visitor stay onsite for conclusion of event?  Yes  No Describe first aid \_\_\_\_\_

Did visitor receive medical attention by doctor or hospital?  Yes  No If yes, describe medical attention. If unknown, state \_\_\_\_\_

Name/Address/Telephone of Physician or Hospital \_\_\_\_\_

\_\_\_\_\_

Completed by Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Title \_\_\_\_\_

Reviewed by Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Title \_\_\_\_\_