

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 _____