

Lymes' Youth Service Bureau

INCIDENT REPORT FORM

(Includes injuries, trespass, nuisance or disturbance on LYSB premises or during LYSB off site events, verbal abuse, sexual or racial abuse, threats, aggression, physical violence and intentional damage to personal property).

Each staff member involved should complete a form.

Date of incident: _____ Time: _____

During LYSB program: _____

Person(s) involved in incident (if student give age): _____

Details of incident (attach additional sheets if necessary):

Witness(es) if any: _____

Other information (attach additional sheets if necessary):

a) Location of incident (attach sketch if appropriate)

b) Was anyone injured in incident? Who? Type of injury? What treatment was provided? by whom?:

c) Was a weapon involved? _____ Drugs/Alcohol? _____

d) Outcome: (whether student was removed from premises; whether parents contacted; police)

Any other relevant information?:

Signature: _____ Date: _____