



# ALBERTVILLE CITY SCHOOL SYSTEM

## INCIDENT REPORT FORM

This report is to be completed as documentation of an incident involving a student, staff member, or visitor of ACS that occurs on ACS property or during an ACS event. Completed forms should be submitted to the building principal, ACS Superintendent, or ACS Superintendent designee. Direct contact with a parent/guardian must be made as soon as possible for incidents involving students.

**Person completing report:** \_\_\_\_\_ Staff \_\_\_\_\_ Student \_\_\_\_\_ Parent/Guardian  
\_\_\_\_\_ Other \_\_\_\_\_ (enter relationship to school/system)

**Name(s) of person(s) completing report:** \_\_\_\_\_

**Date(s) and Time(s) of Incident:** \_\_\_\_\_

**Location of Incident:** \_\_\_\_\_

**Description of Incident:** \_\_\_\_\_

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

(use back of form if more space is needed)

**Names of witnesses:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of person completing form

\_\_\_\_\_  
Date form completed

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

Completed form received by: \_\_\_\_\_

Date & Time form received: \_\_\_\_\_

Notes regarding Parent/Guardian contact (if applicable): \_\_\_\_\_

Administrative notes: \_\_\_\_\_

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