Liberty Bible Baptist Academy Valencia Inc
Purok 4A, Poblacion, Valencia City, 8709

INCIDENT REPORT FORM

THE INCIDENT:

Date: _____ **Time:** _____:_____ ☐ AM ☐ PM

Location: _____ **Grade Level:** _____

Describe the incident (What happened and who was involved, complete name)

_____

_____

_____

PERSON/S INVOLVED: COMPLETE NAME

Person 1: _____ **Person 2:** _____

Person 3: _____ **Person 4:** _____

INJURIES:

Was anyone injured? ☐ YES ☐ NO

If yes, describe the injury/ies: _____

_____

WITNESSES:

Were there witnesses to the incident? ☐ NONE ☐ YES (use Witness Statement, if needed)

If yes, enter the witnesses' names: _____

_____

ACTION/S TAKEN BY THE TEACHER/ADVISER:

_____

_____

_____

_____

Signature over Printed Name & Date Signed

ACTION/S TAKEN BY THE SCHOOL ADMINISTRATOR:

_____

_____

_____

_____

Signature over Printed Name & Date Signed

_____

Parent or Guardian's Signature over Printed Name

Date Signed: _____

INCIDENT REPORT

STATEMENT FORM

Full Name: _____ **Time:** _____:_____ **AM PM**

Date: _____

What follows is the narrative of my report on this specific event:

_____

_____

_____

_____

_____

_____

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_____

DECLARATION:

_____

Signature over Printed Name

_____

Date Signed