



Valley View School District

Workplace Incident Report Form Supervisor/Witness

As soon as possible, supervisor and/or witnesses of workplace injury should document incidents by completing and filing this form. **Note: Not all questions on form may be applicable to each incident reported.**

Section I:

Date of Incident	Time	Date of Report	School
			Specific Location at School:

Section II:

Name of Injured Person: Male Female	Name of Witness: Witness Contact Information: Home: Work: Cell: Email:	Weather/Condition of Area: Was weather a factor? No Yes If yes describe:
Identity of Injured Person: Staff Parent Student Other: (explain)	If Injured Person is an employee: Job Title: Department: Supervisor's Name: Contact #	Was condition of area a factor? No Yes If yes describe:

Section III:

Describe incident in detail: (Include what happened, where, who, what you saw) . Use additional page if needed.

Printed Name	Date
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Incident detail continued: