



home of the



Educational Theatre Association – General Incident Report Form
FOR EdTA USE ONLY

Use this form to document any accidents, injuries, or other violations of policies and procedures. Complete ALL sections of the form in their entirety. Please keep original document and provide a copy to riskmanagement@schooltheatre.org within 24 hours of the incident.

This form is fillable – if printed, please write legibly.

Copies of this report MAY NOT be given to individuals involved in the incident.

1. DATE AND TIME OF INCIDENT:

Date: _____ Time: _____ am pm

2. TYPE OF INCIDENT (Choose One):

- checkbox Injury checkbox Property Damage/Vandalism checkbox Behavior Issue/Fighting
checkbox Other checkbox Theft checkbox Title IX/SAM

3. PERSONAL INFORMATION OF INDIVIDUAL(S) INVOLVED IN THE INCIDENT:

Full Name of Individual: Last _____ First _____ M.I. _____

Street Address: _____ City: _____ State: _____

Date of Birth: _____ Contact Phone number: _____

Gender: checkbox Male checkbox Female Email: _____

Full Name of Individual: Last _____ First _____ M.I. _____

Street Address: _____ City: _____ State: _____

Date of Birth: _____ Contact Phone number: _____

Gender: checkbox Male checkbox Female Email: _____

Full Name of Individual: Last _____ First _____ M.I. _____

Street Address: _____ City: _____ State: _____

Date of Birth: _____ Contact Phone number: _____

Gender: checkbox Male checkbox Female Email: _____

4. DESCRIPTION OF INCIDENT (Be specific and use additional pages as necessary):

Location: _____

First Aid Provided: YES NO If yes, provided by: _____

Description of First Aid Provided: _____

Will the individual(s) seek further medical treatment? YES NO

5. WITNESS INFORMATION (Please use additional pages for more information):

Full Name of Individual: Last _____ First _____ M.I. _____

Street Address: _____ City: _____ State: _____

Date of Birth: _____ Contact Phone number: _____

Gender: Male Female Email: _____

Full Name of Individual: Last _____ First _____ M.I. _____

Street Address: _____ City: _____ State: _____

Date of Birth: _____ Contact Phone number: _____

Gender: Male Female Email: _____

6. ADDITIONAL INFORMATION AND FOLLOW UP ACTIVITY:

7. INDIVIDUAL COMPLETING REPORT:

Full Name of Individual: Last _____ First _____ M.I. _____

Street Address: _____ City: _____ State: _____

Contact Phone number: _____

Email: _____