INCIDENT REPORT FORM

Reporting person: _____
Phone number: _____
Date of Report: _____

Incident Details

Nature of Incident (please tick all that apply)	Action taken (please tick all that apply)
□ Injury □ Medical emergency □ Natural disaster □ Intruder □ Assault/violence (threat) □ Loss of life □ Bomb threat □ Assault/violence □ Vandals/burgulary □ Fire □ Weapons □ Drugs □ Suicidal behaviours □ Child abuse (including disclosures) □ Other:_____	□ Police □ Ambulance □ Department for Child Protection □ Fire services □ First aid □ Taken to hospital □ Parent/carer advised □ Evacuation □ Premises secured □ Board chair advised □ Organisational procedures followed □ Called Crisis Care □ Other: _____

Description of Incident

Date: _____ Time: _____

Location: _____

Person/s involved: _____
_____

Written a description of incident: _____

PLEASE RETURN THE COMPLETED FORM TO PBSA AT
chair@pb.org.za