

**BENTON SCHOOL DISTRICT
SUPERVISOR INCIDENT REPORT**

Date _____

Supervisor Name: _____ Position: _____

Incident Details:

Site of Incident: _____

Date: _____ Time: _____ Location: _____

Person(s) Involved in Incident/Position(s):

1. _____

2. _____

Witness(es)/Position(s):

1. _____

2. _____

Description of Incident: _____

Findings: _____

Action Taken: _____

Print Name _____ Signature: _____

*Attach any other reports/statements to this form.