BENTON SCHOOL DISTRICT
EMPLOYEE INCIDENT REPORT

Date_____

Employee 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:_____
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Print Name:_____ Signature:_____

March 2014