

Lomega Public Schools

Employee Incident Report Form

Date			
Employee		Principal	
Name		Name	
Title/position		Title/position	
Incident			
Date			
Time			
Location			
Description of Inciden	t		
Employee explanation			
Witnesses			
Action to be taken			
By signing this document, you acknowledge that you have read and understood the information contained herein			
Emplo	oyee	Principal	
Dat	te	Date	