SCHOOL INCIDENT REPORT

ARCHDIOCESE OF WASHINGTON Catholic Schools

	R	REPORT DATE:	
ERSON SUBMITT	TING THIS REPORT:		
ame:		Title:	
rect Daytime Phone:		Email:	
CHOOL INFORM	ATION		
hool:		Principal:	
hool Phone (main):			Cell:
cident Date:	Incident Time:	Incident Locat	tion:
	opriate internal school cont	tacts who have been	notified of this incident:
□ Pastor	Name:	Date:	Time:
☐ Pastor ☐ Assistant Principal	Name:	Date: Date:	Time:
☐ Pastor ☐ Assistant Principal ☐ School Counselor	Name:Name:	Date:	Time: Time:
☐ Pastor ☐ Assistant Principal ☐ School Counselor ☐ School Nurse	Name:Name:Name:	Date: Date: Date: Date:	Time: Time: Time: Time:
☐ Pastor ☐ Assistant Principal ☐ School Counselor ☐ School Nurse ☐ School Admin. Staff	Name:Name:	Date:	Time: Time: Time: Time: Time:

□Catholic Schools Office Name: _

Date: _____ Time: ____

		☐ Office of Child Protection	Name:	Date:	Time:			
		☐ Communications		Date:				
		☐ Chancery /Legal	Name:	Date:	Time:			
		☐ Human Resources	Name:	Date:	Time:			
		☐ Facilities Management		Date:				
		☐ Catholic Mutual		Date:				
		□ Other	Name:	Date:	Time:			
Was	D N N	cable, please indicate the ci ate: Time: ame of Agency Contacted: ame of Officer: yone transported to the Hose lease provide name and contacted	Person Who Made Init	tial Contact: Phone Number: Hospital Name:			_	
		ses - Student, Visitor and S the incident.						
	•	Parent/Guardian Name: Phone Number						
	2	Name:						
		Parent/Guardian Name:		Phone Numbe	Phone Number			
	3	Name:			_ Grade:	Age:	_	
		Parent/Guardian Name:		Phone Number	umber			
	4	Name:			_ Position:		_	
		Home Phone: Alternate Phon					_	
	5	Name:			_ Position:			
		Home Phone:		_ Alternate Pho	ne:		_	
Com	ple	ted By:		Position: _				
Signa	ignature:			Date:	Date:			

Based on the nature of the incident, please indicate that the appropriate offices of the Archdiocese have been notified: