

FULTON COUNTY SCHOOLS INCIDENT REPORT

Reported by: _____	Date: _____
School/Department Name: _____	
Address: _____	
Phone No.: _____	
INSTRUCTIONS: Please complete the general information. Add any additional information or remarks to fully explain the incident (attach additional sheets, if necessary).	

Incident Type (circle one)	<input type="checkbox"/> Vehicle Damage	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Bodily Injury
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Incident Location	Date of Incident		Time of Incident	
	Place (exact location)			

Incident Description	Detailed Description of Incident (include bodily injury or property damage)
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Visitor Name & phone#	
Visitor address	

If vehicle damaged	Year	Make	Model
If property, describe			

Witness information (if applicable)	Name	Address	Phone
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Additional information	Is there video (tape) of the incident?	Are there any pictures of the scene/damage?
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Please return completed form to the Risk Management Department
6201 Powers Ferry Road NW Atlanta, GA 30339
470-254-2174 (W) 470-254-1242 (F)
Attn: Treva Wright wrightt@fultonschools.org