Cape Elizabeth School Department

CRITCAL INCIDENT REPORT

This report should be completed within 24 hours of the incident.

Name(s) of person(s) involved: _____

DATE of incident: _____ TIME of incident: _____

LOCATION of incident *(be specific):* _____

DETAILS of incident: _____

_____

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_____

Description of follow-up (police, fire, superintendent, parent, school, administration, disciplinary action, etc.):

_____

_____

_____

_____

Signature of person completing report: _____

Administrator/Supervisor: _____

Date report completed [mm/dd/yy]: _____

Fwd copies to: _____ Superintendent's Office _____ Bldg. Principal