

# The School District of the City of Erie, PA • *Incident Report Form*

This incident report is for a: <input type="checkbox"/> Client <input type="checkbox"/> Visitor <input type="checkbox"/> Staff		
Name Of Student Involved:		ID#
Names of Others Involved:		
Date of Incident:	Time of Incident:	Location Of Incident:
Person completing this report (full name and title):		
Witness:		

**Incident Category** (Check and circle all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Physical/Sexual/Verbal/Emotional Abuse Accusations Made By The Client<br><input type="checkbox"/> Injury/Illness requiring medical care<br><input type="checkbox"/> Self-Abusive Behavior<br><input type="checkbox"/> Physical Aggression Toward Staff / Peer / Other<br><input type="checkbox"/> Verbal Aggression/Threats Toward Staff / Peer / Other<br><input type="checkbox"/> Sexual Behavior/Assault/Abuse perpetrated by the Client<br><input type="checkbox"/> Substance/ Paraphernalia-Use/ Possession<br><input type="checkbox"/> Physical escort<br><input type="checkbox"/> Client Interaction Resulting In Restraint | <input type="checkbox"/> A WOL / Attempted A WOL / A WOL Plan<br><br><input type="checkbox"/> Suicide/ Attempt / Ideation<br><input type="checkbox"/> Homicidal Ideation<br><input type="checkbox"/> Theft<br><input type="checkbox"/> Contraband<br><input type="checkbox"/> Medication error/ Reaction/ Refusal (circle one)<br><input type="checkbox"/> Property Destruction<br><input type="checkbox"/> Other<br><input type="checkbox"/> Other |
|---|---|

**Description of the Incident**

- (A) What happened immediately before the incident?
- (B) Description of the incident.
- (C) What was the response to the incident? What de-escalation techniques were used?
- (D) What were the results of the de-escalation techniques utilized?

(If necessary, attach additional pages)

*Signature of Person Completing Report*

*Date*

*Signature of Staff Member(s) involved*

*Date*