



**WARRENSVILLE
HEIGHTS**
City School District

WARRENSVILLE HEIGHTS CITY SCHOOL DISTRICT

INCIDENT REPORT

(PLEASE PRINT)

DATE: _____ INCIDENT LOCATION: _____

NAME/POSITION: _____

NAME

POSITION

DATE/TIME OF INCIDENT: _____

DATE

TIME

DETAILED STATEMENT: _____

SIGNATURE: _____ DATE: _____

INCIDENT REPORT IS DUE WITHIN 48 HOURS TO THE OFFICE OF BUSINESS AFFAIRS