



FACULTY INCIDENT REPORT

School/Center Name: _____ Classroom: _____

Date of Incident: _____ Time of Incident: _____

Describe the incident in detail. This report should only be filled out by teachers who observed the incident.

Teachers Signature _____

Date submitted _____

This form must be submitted to the agency within 12 hours of the incident. Please note additional information may be required in accordance of state statutes. Fax form to 1-844-863-5157 or email to tru@teachersrus.us