

# The Huda Academy

3221 Anna Street :: Little Rock, AR 72204

Phone: 501-565-3555 Fax: 501-565-3203

WHERE GUIDANCE PROMOTES EXCELLENCE

## INCIDENT REPORT

PLEASE NOTE: THIS FORM IS TO BE FILLED OUT **IMMEDIATELY** AFTER HAVING WITNESSED ANY INCIDENT OF INJURY, ACCIDENT, MISCONDUCT – ETC. THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND SIGNED BY BOTH STAFF, AND PARENT OR LEGAL GUARDIAN OF STUDENT(S) INVOLVED AND PLACED IN STUDENT'S FILE IN THE OFFICE.

YOUR NAME: \_\_\_\_\_ | CIRCLE: INJURY / ACCIDENT / MISCONDUCT / OTHER

NAME OF STUDENT INVOLVED IN INCIDENT: \_\_\_\_\_

OTHER STUDENTS/STAFF/PARENTS INVOLVED: \_\_\_\_\_

PERSON(S) IN CHARGE IN AREA(S) WHERE INCIDENT OCCURRED: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_ | TIME: \_\_\_\_\_

DESCRIBE WHAT HAPPENED: (ATTACH SEPARATE SUMMARY IF NECESSARY)

WHERE DID THE INCIDENT OCCUR: \_\_\_\_\_

WITNESS(ES): \_\_\_\_\_

WERE PARENTS/GUARDIANS NOTIFIED? (CIRCLE ONE)      **YES**   **NO** | IF YES, HOW? \_\_\_\_\_

ACTIONS TAKEN BY STAFF: \_\_\_\_\_

\_\_\_\_\_  
WAS THIS INCIDENT AVOIDABLE? (CIRCLE ONE)      **YES**   **NO**

IF YES – WHAT CAN BE DONE TO AVOID THIS IN THE FUTURE?

\_\_\_\_\_  
STAFF COMMENTS:

\_\_\_\_\_  
(Staff Member Responsible for Report) Signature

\_\_\_\_\_  
Parent/Guardian Signature & Date