

**MT. PLEASANT BLYTHEDALE UFSD
VALHALLA, NY 10595**

STAFF SCHOOL INCIDENT REPORT

Name of staff member: _____ **Date:** _____ **Time:** _____

Location: _____

Witnesses:

Description of event:

Action Taken:

Administrator notified: Yes _____ No _____ **Whom:** _____

Details of Incident Yes ___ No ___ **Date/Time** _____

Staff Member's Signature _____

For Office Use Only

Administrator's Signature: _____

Date Received by Administration: _____