

KSRE Incident Report Form

To be completed for any/all medical, accident, behavioral, discipline incidents while attending a KSRE experience **only after** the individual(s) involved are confirmed safe and have received assistance from qualified personnel.

Event Name: Date: Incident start time: Incident end time: Exact Location:

**Primary Individual Involved in Incident (if more than one – complete additional forms and attach)**

Name:

Local Extension Unit:

Date of Birth:

Gender:

If under 18 years, parent information must be provided below

Contact Information: Phone

Email:

Parent contacted and notified of incident: Yes No (circle) Notification Date & Time:

Incident Description (be specific, avoid opinions – if needed continue on separate sheet, number and attach)

Kansas Department for Children and Families
1-800-922-5330

Abuse or neglect of a child was suspected/reported? Yes No (circle)

Witnesses (list all – if needed, continue on separate sheet, number and attach)

Name: Involvement:

Name: Involvement:

Name: Involvement:

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**Incident Form Continued……**

**Primary Individual Reporting Incident**

Name:

Local Extension Unit: Role at Event:

Date of Birth:

Contact Information: Phone

Email:

**Notification ‐ you are required to report this incident as soon as possible to a supervisor**

Supervisor contacted and notified of incident: Yes No (circle) Notification Date & Time: Supervisor Name:

Supervisor Contact Information: Phone

Email:

**Office Use Only**

Incident Form Reviewed by: Title/Role:

Review Date:

Review Time:

Follow‐up Required: Yes No (circle)

Follow‐up Notes:

*Reviewed, August 2024* Page **2** of **2**