

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: _____ Date of Birth: _____ Gender: _____

Local Extension Unit: _____

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)

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

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

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

Name: _____ Involvement: _____

Name: _____ Involvement: _____

Name: _____ Involvement: _____

Incident Form Continued.....

Primary Individual Reporting Incident

Name: _____ Date of Birth: _____

Local Extension Unit: _____

Role at Event: _____

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:

