

INCIDENT REPORT

Person reporting incident: _____ Date: _____ Time: _____

Role (Please Check): Tutor Coordinator Liaison Teacher Other:

Site Name: _____ Field Director: _____

Location of Incident: -

Whiz Kids Student: Tutor : _____ DOB: _____

Whiz Kids Participant Address:

Parent/Guardian Contacted:

Please provide a brief description of the situation that occurred (Who, What, Where, When):

(Continue on the back of page, if necessary)

I certify that this information is, to the best of my knowledge, correct and true.

Signature: _____ Date: _____

Please return this page to a Whiz Kids Field Director