Ministry of Education
P. O. Box N 3913
Nassau, The Bahamas

School Incident Report Sheet

School/Institution: _____

Location: _____

Telephone: _____

Person Involved: _____
Use third sheet if multiple persons involved

Details on incident: N. B. **Include all prior and current action taken, approximate times, and all persons contacted relative to the event e.g. police, medical personnel and educational officials.**

Date: _____ Time: _____

Site on campus: _____

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Signature: _____ Date: _____
School Administrator

N.B. (On completion of form, please place in a sealed envelop marked Confidential and deliver to the Office of the Permanent Secretary)

Ministry of Education's Response:

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Signature _____ Date _____
Education Official

Name	Status	Age	Additional Details

Signature _____ Date _____

School Administrator