

Michigan Conference of SDA
**Student Incident
Report Form**



Date of Incident _____ Time _____

School _____ Homeroom teacher _____

Student(s) involved _____ Birthdate _____

_____ Birthdate _____

_____ Birthdate _____

Adult in charge of activity _____

Was that person a witness? _____ Yes _____ No

If no, when was the incident first reported to teacher/principal? _____

Name(s) of witness(es) _____

Describe in detail the incident, including where the incident occurred. Were there any special circumstances? _____

Was there an injury? _____ Yes _____ No Was the Parent(s)/Guardian(s) contacted _____ Yes _____ No

How? By whom? When? _____

If there was an injury, describe the injury and treatment. _____

An ACI Claims Form must be filled out when a child is taken to a medical provider (ie dentist, doctor, or hospital). Was an ACI Claim Form given to parents?

_____ Yes _____ No

Was a copy of the ACI Claim Form filed at the school?

_____ Yes _____ No

Was a copy of the ACI Claim Form sent to Office of Education with this form?

_____ Yes _____ No

Report Submitted By:

Printed Name & Title

Signature

Date

This form is to be copied and sent to the Office of Education.

Michigan Conference of SDA, Box 24187, Lansing, MI 48909

Revised October 25, 2023