LAUREL BUSINESS INSTITUTE/LAUREL TECHNICAL INSTITUTE
INCIDENT REPORT

☐ Meadville    ☐ Morgantown    ☐ Sharon    ☐ Uniontown

Print on the above line the name of person(s) involved in the incident

Date of Incident: _________

Time of Incident: _________

Location of Incident: ________________________________________

Statement of Incident (attach separate sheet if necessary):

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Eyewitness(es):

________________________________________________________________________________
________________________________________________________________________________

Other Comments:

________________________________________________________________________________
________________________________________________________________________________

Print your name (person completing report) on the above line

Signature:________________________________    Date:____________
Only LBI/LTI employee should fill out this area.

If you are an LBI/LTI employee who is filling out this incident report, or if you are an employee receiving this incident report from someone else, please relate actions you have already taken in response to this incident or incident report, and assess the status of this report according to the criteria below.

What have you already done in response to this incident or incident report?

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Employee assessment of the incident status: (Check as many as apply.)

☐ Urgent** ☐ Non-urgent   __________ Initial    __________ Date

☐ Action Needed ☐ No Action Requested   __________ Initial    __________ Date

☐ Needs Further Investigation   __________ Initial    __________ Date

** All incidents of an urgent nature should be brought to the direct and immediate attention of the person in charge of the school at the time you are made aware of the incident.

Employee name and signature (if different from person filling out the front of the report)

_______________________           _______________________          _______________________
Printed name of employee                                             Signature of employee                                                  Date

Administrative use only within this box

☐ Resolved    ☐ Unresolved***   __________ Initial    __________ Date

Comments/Communication notes

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

*** If unresolved, explain the next step in the process

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

_______________________           _______________________          _______________________
Printed name of administrator                                             Signature                                                      Date