WAKULLA COUNTY SCHOOL BOARD

To be completed if an incident occurred but has not yet risen to a claim

Incident Date:	**Incident Time:**	**Involving:**
_____/_____/_____	_____:_____ ☐ AM ☐ PM	☐ Student ☐ Visitor ☐ Staff ☐ Other _____

Detailed Description of Incident:

Action Taken / Potential Problems:

Completed By: _____

Date: _____

WMIS RM2098 6/09