Department of Education

USER ORGANIZATION INCIDENT REPORT FORM

As an authorized User of a NYC Public School Building during Extended Use time, you are required to provide adequate supervision at all times. If safety/criminal incidents should occur, you are required to complete this "*User Organization Incident Report Form*" and return it to the Principal/designee and/ or the School Safety Agent (SSA) if on duty. You agree to save the DOE harmless from any claim, loss or damage by reason of any act on the part of the applicant, its members, officers, agents or any person using the premises on the invitation of the User.

Name, Address, Telephone/Fax/ Email of Organization Reporting Incident

Date of

Name, Address, Telephone/Fax/ Email of Person Filing this Incident Report

Date, Time and Location of Incident

Nature of the Incident:
(Check all that apply)

- ☐ **Injury**
- ☐ **Robbery**
- ☐ **Destruction of Property**
- ☐ **Other**

Were Police Called?

☐ **YES** ☐ **NO**

Report Number

Complete if Incident is an Injury

Complete for each injured Individual

Name Title/Position Age Address Phone Number Nature of Injury Treatment Given Comments of Injured Idividual(s)	

Eyewitness Name, Address, Telephone/Fax/ Email and his/her Comments	

Complete if Incident is a Robbery

Give complete details of the robbery including items stolen, from whom (contact information), approximate value, name(s) of perpetrator if known.	
Eyewitness Name, Address, Telephone/Fax/ Email and his/her Comments	

Complete if Incident is Classified as "Other"

Give complete details of the "other" incident	
Eyewitness Name, Address, Telephone/Fax/ Email and his/her Comments	