

**TELLURIDE SCHOOL DISTRICT
INCIDENT INVESTIGATION**

REPORT TAKEN BY: _____ DATE: _____
PARTY AFFECTED: _____ TIME: _____
ADDRESS: _____ SCHOOL: _____
PHONE: _____

LOCATION OF INCIDENT: (Be Specific)

DESCRIPTION OF INCIDENT: (WHO, WHAT, WHERE, WHEN, HOW, WHY)

ACTION TO BE TAKEN:

DATE SITUATION REMEDIED: _____

MAINTENANCE DIRECTOR'S SIGNATURE: _____
(ATTACH COPY OF MAINTENANCE REQUEST WHEN COMPLETED)