



10 South Broadway, Sylacauga, AL 35150
(256) 245-6301

Incident Report

Name of child _____ Date of report _____

Parents/Guardians of child _____

Person(s) involved in alleged
misconduct _____

Date, time and location of incident _____

Description of incident _____

Were there any other witnesses? Yes ___ No ___

Please comment _____

- ___ I am a mandatory reporter.
- ___ I choose to remain anonymous regarding this incident.
- ___ I have reported or intend to report this incident to criminal authorities.

THE ABOVE INFORMATION IS FREELY PROVIDED AND IS TRUE TO THE BEST OF MY KNOWLEDGE.

Reporter's signature

Relationship to child

I have received this report and agree to follow appropriate policy and procedures.

Signature _____ Date _____