

GARRETT COUNTY BOARD OF EDUCATION

CRISIS INCIDENT REPORT

Location: _____ Date/Time of Incident: _____

Details of the Incident: _____

Actions Taken: _____

Outside Agencies Involved: _____

Notified Superintendent/Designee: Date: _____ Time: _____

Signature of Principal: _____

Action Taken by Superintendent/Designee (to be completed by central office staff):

Signature of Superintendent: _____