



Office of Risk Management
P 415/241-6307 • F 415/241-6330
riskmanagement@sfusd.edu

Visitor Incident Report

Privileged and Confidential

Instructions: Use this form to report incidents involving school district visitors which occurred on SFUSD premises. Please submit the completed form to riskmanagement@sfusd.edu (or fax to 415-241-6330).

Today's Date: _____ Date of Incident: _____ Time: _____

Name of Visitor: _____ Location: _____

Description of Incident and Extent of Injuries/Damage:

Was Medical Attention Required? _____ Taken to Doctor/Hospital? _____

If so, where: _____ Date/Time: _____

Witnesses:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Person Reporting Incident Title Phone