CAMBRIDGE SCHOOL DEPARTMENT
DEPARTMENT OF SAFETY AND SECURITY
INCIDENT REPORT

PERSON REPORTING _____ POSITION _____

REPORT DATE_____ INCIDENT DATE/TIME _____

SCHOOL _____ INCIDENT LOCATION_____

DESCRIPTION OF INCIDENT:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____
Signature

Safety Specialist assigned to investigation: _____

Also reported to: _____