



TRUMBULL COUNTY
EDUCATIONAL
SERVICE CENTER

INCIDENT OR THREAT REPORT

DIRECTIONS: This report must be completed within 24 hours of the incident/threat and submitted to the human resources department. It is to be used in the case of a threat or an incident that does not result in an injury. (Injuries should be reported on the Accident/Battery Form.) Witnesses should complete the Witness Statement on the reverse of this form. This report is confidential and will not be released without the permission from TCESC.

Name of Individual Completing Report: _____

Position: _____ Building Location: _____

Individual(s) Involved in the Incident or Threat: _____

Witness's Name: _____

Is the witness a TCESC Employee? _____ Yes _____ No

Witness phone number and building location: _____

Incident or Threat Date and Time: _____

Incident or Threat Location: _____

Were law enforcement authorities notified? Yes _____ No _____ Who was called? _____

Description of Incident or Threat: _____

Action Taken: _____

Signed: _____ Date: _____

Supervisor/Director Comments: _____

WITNESS STATEMENT

Witness Name: _____

Position: _____ Building Location: _____

Incident or Threat Date and Time: _____

Incident or Threat Location: _____

Description of Incident or Threat: _____

Action Taken: _____

Signed: _____ Date: _____