Town of Milton
Youth Recreation Program
Incident Report Form

Participant Information

Participant Name: _____ Age: _____

Date of Incident: _____ Time: _____

Location: _____

Staff Completing Report: _____

Incident Type (check all that apply)

☐ Disruptive Behavior ☐ Inappropriate Language ☐ Bullying/Harassment ☐ Physical Aggression

☐ Property Damage ☐ Failure to Follow Directions ☐ Left Supervised Area ☐ Theft ☐ Safety Concern

☐ Other: _____

Detailed Description of Incident

_____

_____

_____

_____

_____

_____

Immediate Action Taken

☐ Verbal Warning ☐ Time-Out ☐ Parent Contacted ☐ Removed from Activity

☐ Other: _____

Parent/Guardian Notification

Parent/Guardian Contacted: _____

Date/Time: _____ Method: ☐ Phone ☐ In Person ☐ Email

Director Review / Final Determination

Behavior Strike Issued: ☐ No Strike ☐ Strike 1 ☐ Strike 2 ☐ Strike 3 (Maximum)

Director Signature: _____ Date: _____