



# The Traveling Dojo

<https://www.travelingdojomartialarts.com>  
[membership@travelingdojomartialarts.com](mailto:membership@travelingdojomartialarts.com)

## Incident Report Form

Updated July 21, 2025

### Incident Reporter

Provide information of the person completing this form.

<b>Reporter Full Name:</b>						
<b>Phone:</b>						
<b>E-Mail:</b>						
<b>You Are:</b> <i>(select one)</i>	<input type="checkbox"/>	<b>A Student</b>	<input type="checkbox"/>	<b>An Employee</b>	<input type="checkbox"/>	<b>A Visitor</b>

### Date, Location & Type of Incident

<b>Date of Incident:</b>			<b>Time of Incident:</b>				
<b>Full Address of Incident:</b>							
<b>Type of Incident</b>							
<input type="checkbox"/>	<b>Injury</b>	<input type="checkbox"/>	<b>Property Damage</b>	<input type="checkbox"/>	<b>Behavioral</b>	<input type="checkbox"/>	<b>Other</b> <i>(explain below)</i>
<b>Were The Police Called?</b>				<b>If "Yes", Officer's Name</b>			
<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>				



## People Involved in The Incident

People involved with the incident are those that were injured or directly involved with the incident that is being reported. If more than two people are involved in the incident, use a separate sheet to record the requested information.

### Involved Person #1

<b>Full Name:</b>						
<b>Age:</b>		<b>Phone:</b>				
<b>E-Mail:</b>						
<b>This Person Is:</b> <i>(select one)</i>	<input type="checkbox"/>	<b>A Student</b>	<input type="checkbox"/>	<b>An Employee</b>	<input type="checkbox"/>	<b>A Visitor</b>
<b>Parent / Guardian Name:</b> <i>(if applicable)</i>						
<b>Parent / Guardian Phone:</b> <i>(if applicable)</i>						

### Involved Person #2

<b>Full Name:</b>						
<b>Age:</b>		<b>Phone:</b>				
<b>E-Mail:</b>						
<b>This Person Is:</b> <i>(select one)</i>	<input type="checkbox"/>	<b>A Student</b>	<input type="checkbox"/>	<b>An Employee</b>	<input type="checkbox"/>	<b>A Visitor</b>
<b>Parent / Guardian Name:</b> <i>(if applicable)</i>						
<b>Parent / Guardian Phone:</b> <i>(if applicable)</i>						

## Witnesses

A witness is anyone that observed the incident and can provide details about the incident. If there are more than two witnesses, use a separate sheet to record the requested information.



## Witness #1

<b>Full Name:</b>						
<b>Phone:</b>						
<b>E-Mail:</b>						
<b>This Person Is:</b> <i>(select one)</i>	<input type="checkbox"/>	<b>A Student</b>	<input type="checkbox"/>	<b>An Employee</b>	<input type="checkbox"/>	<b>A Visitor</b>
<b>Parent / Guardian Name:</b> <i>(if witness is a minor)</i>						
<b>Parent / Guardian Phone:</b> <i>(if witness is a minor)</i>						

## Witness #2

<b>Full Name:</b>						
<b>Phone:</b>						
<b>E-Mail:</b>						
<b>This Person Is:</b> <i>(select one)</i>	<input type="checkbox"/>	<b>A Student</b>	<input type="checkbox"/>	<b>An Employee</b>	<input type="checkbox"/>	<b>A Visitor</b>
<b>Parent / Guardian Name:</b> <i>(if witness is a minor)</i>						
<b>Parent / Guardian Phone:</b> <i>(if witness is a minor)</i>						

## Incident Details

This section is to be completed by the incident reporter. Provide as much detail as possible regarding the incident (what happened, how it happened, injuries sustained, etc.), use additional sheets if necessary.





## Medical Treatment

Please provide details regarding whether medical treatment was provided by an onsite person or whether EMS personnel were called to the site.

<b>Was First Aid Administered?</b>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
<b>If "Yes" Where?</b>				
<b>If "Yes" By Who?</b>				
<b>Was 911 or other EMS Contacted?</b>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
<b>Was Anyone Transported to a Treatment Center?</b>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
<b>If "Yes", Where Were They Transported?</b>				
<b>If "Yes" Who Transported Them?</b>				

## Actions

Please identify any additional actions that were taken or are needed to be taken related to this incident.

### Actions Taken

Action		Comments
<input type="checkbox"/>	<b>Parent/Guardian Was Notified</b>	
<input type="checkbox"/>	<b>Lead Instructor Was Notified</b>	
<input type="checkbox"/>	<b>Site Manager Was Notified</b>	
<input type="checkbox"/>	<b>Other</b> <i>(explain)</i>	

### Follow Up Action Required

Describe any follow-up corrective or other planned action (use additional sheets as needed):



## Signatures & Review

---

**Incident Reporter Signature**

*(named above)*

**Date**

---

**Reviewer Name**

*(supervisor or manager)*

---

**Reviewer Signature**

**Date**

**Reviewer Comments**

--