

INCIDENT REPORT FORM  
NASSP Legal Benefits Program-PROFESSIONAL LIABILITY  
(please print legibly or type)

Member's Name \_\_\_\_\_

Member's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ School Phone \_\_\_\_\_ Fax \_\_\_\_\_

School's &/or District Name \_\_\_\_\_

Please Complete the Following (as it applies to your circumstances):

Is this a report of a job action involving your position? Yes \_\_\_\_\_ No \_\_\_\_\_

If No, but you are reporting a possible liability claim, answer All Questions, below. **Attach copies of any documentation you have (if not previously sent).**

If Yes, answer Questions 1 and 2, (then skip 3,4 and 5, if appropriate) and fill in the Brief Description Section, below. **Attach copies of any documentation you have (if not previously sent).**

Narrative of Report: (Print legibly or type)

1. Date (of notice or incident) \_\_\_\_\_

2. Time (of notice or incident) \_\_\_\_\_

3. Names of witnesses \_\_\_\_\_

4. Location of incident (i.e. classroom, playground, gymnasium etc.)  
\_\_\_\_\_

5. Age of child \_\_\_\_\_ Sex of child \_\_\_\_\_ Grade level of child \_\_\_\_\_

Brief Description of notice/incident in chronological order (attach additional sheets if necessary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand a copy of this claim will be sent to my state association.

Original form and attachments must be completed and returned to:  
**NASSP Legal Benefits Program**, c/o Forrest T. Jones & Co., Property & Casualty Department,  
PO Box 418131, Kansas City MO 64141-0131. Phone Number 800-821-7303, ext. 123, Fax  
Number 816-968-0600

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_