



Amherst County Public Schools

153 Washington Street • PO Box 1257

Amherst, VA 24521

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VICTIM'S REPORT

To be completed by the victim of an injury as soon as possible and given to the building principal/supervisor.

NAME: _____

Date of Injury: _____ Time of Injury: _____

Victim's Name: _____

Describe how injury occurred: _____

Signature

Date