

**FORCIBLE REMOVAL REPORT**

Program Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Program Address: \_\_\_\_\_

Name of Child removed from preschool without authorization: \_\_\_\_\_

Date of incident: \_\_\_\_\_ Time incident occurred: \_\_\_\_\_

Name and description of individual removing child: \_\_\_\_\_

Detailed description of incident: \_\_\_\_\_

Name(s) of teacher(s) on duty at time of incident: \_\_\_\_\_

Name(s) of teacher(s) who had direct contact with individual: \_\_\_\_\_

Steps taken by teacher(s) in response to incident: \_\_\_\_\_

Signature(s) of Witness(es): \_\_\_\_\_ Date: \_\_\_\_\_

Signature(s) of Witness(es): \_\_\_\_\_ Date: \_\_\_\_\_