FOR INTERNAL USE ONLY:
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SEND COMPLETED REPORT TO DISTRICT OFFICE

CONFIDENTIAL SCHOOL INCIDENT INVESTIGATION

DISTRICT NAME	SCHOOL / SITE NAME
NAME STUDENT/PERSON (Last, First,) Student ___ Non-Student ___	HOME ADDRESS (NUMBER, STREET, APT., CITY, STATE, ZIP)

HOME PHONE NUMBER ( )	Male: ___ Female: ___	DATE OF BIRTH	AGE	SOCIAL SECURITY #

DATE OF INCIDENT	TIME OF INCIDENT	DATE/TIME REPORTED	REPORTED TO WHOM?

EXACT LOCATION OF INCIDENT

DID INCIDENT INVOLVE OTHER STUDENT(S) OR NON-STUDENT(S)? YES NO IF YES, GIVE NAME(s):

DESCRIBE HOW THE INCIDENT OCCURRED IN DETAIL (ATTACH ADDITIONAL SHEET OR REPORT IF NECESSARY)

WAS EQUIPMENT OR MACHINERY INVOLVED? (Playground, Industrial Arts, etc.) ___ Yes ___No If "Yes" NOTE ANY DEFICIENCIES

WAS A RULE OR PROCEDURE VIOLATED? EXPLAIN (Include horseplay)

FULL NAME OF TEACHER, TEACHER'S AIDE, ETC., FOR INJURED STUDENT	TITLE OF PERSON (TEACHER, AIDE, ETC.)	PRESENT AT TIME OF INCIDENT? YES NO

NAME OF WITNESS	ADDRESS	PHONE	STATUS / STATEMENT
NAME OF WITNESS	ADDRESS	PHONE ( )	STATUS: ☐ TEACHER ☐ PARENT ☐ STUDENT STATEMENT ATTACHED: ☐ Yes ☐ No
NAME OF WITNESS	ADDRESS	PHONE ( )	STATUS: ☐ TEACHER ☐ PARENT ☐ STUDENT STATEMENT ATTACHED: ☐ Yes ☐ No
NAME OF WITNESS	ADDRESS	PHONE ( )	STATUS: ☐ TEACHER ☐ PARENT ☐ STUDENT STATEMENT ATTACHED: ☐ Yes ☐ No

NATURE OF INJURY:	INJURED PART OF BODY: ☐ Left Side ☐ Right Side
☐ Abrasion ☐ Fracture ☐ Strain/Sprain ☐ Concussion ☐ Contusion ☐ Cut ☐ Dislocation ☐ Internal ☐ Other: **(Explain)**	☐ Head ☐ Finger ☐ Arm ☐ Abdomen ☐ Back ☐ Chest ☐ Face ☐ Neck ☐ Eye ☐ Leg ☐ Hand ☐ Foot ☐ Other **(Explain)**
FIRST AID TREATMENT GIVEN	NAME OF PERSON WHO ADMINISTERED FIRST AID

PARENT/GUARDIAN NAME	DATE & TIME CONTACTED	DISPOSITION: ☐ RETURN TO CLASS ☐ HOME ☐ DOCTOR ☐ 911/HOSPITAL ☐OTHER:__________________ TRANSPORTED BY:_________________________

PARENT ATTITUDE OR OTHER COMMENTS

NAME OF PERSON COMPLETING REPORT	TITLE	PHONE NUMBER	DATE PREPARED

SIGNATURE / SITE ADMINISTRATOR	**CONFIDENTIAL ATTORNEY/CLIENT PRIVILEGE**