CONFIDENTIAL SCHOOL INCIDENT INVESTIGATION

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SEND COMPLETED REPORT TO DISTRICT OFFICE

ALL QUESTIONS CONTAINED IN THIS QUESTIONNAIRE ARE STRICTLY CONFIDENTIAL ATTORNEY/CLIENT PRIVILEGE

District Name:		**School/Site:**			
Name *(Last, First, M.I.)*:		☐ Student ☐ Non-Student			
Home Address: Street, City, State, Zip		**Grade**		☐ Male ☐ Female	Date of Birth
Home Phone No.:		**Date of Incident:**		**Time:**	
Reported to:		**Date Reported:**		**Time:**	

i.e. police, principal, teacher or district office

DETAILS OF INCIDENT

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: 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
Parent/Guardian Name	Date/Time Contacted		

Parent Comments:

NATURE OF INJURY	INJURED PART OF BODY
☐ Abrasion ☐ Fracture ☐ Sprain ☐ Concussion ☐ Contusion ☐ Cut ☐ Dislocation ☐ Internal ☐ Other - Explain below:	☐ Left Side ☐ Right Side ☐ Abdomen ☐ Arm ☐ Back ☐ Chest ☐ Eye ☐ Face ☐ Finger ☐ Foot ☐ Hand ☐ Head ☐ Leg ☐ Neck ☐ Other pain/discomfort – Explain below:
First Aid Treatment Given:	Name of person who administered First Aid:

Disposition ☐ Return to Class ☐ Home ☐ Doctor ☐ 911/Hospital

☐ Other Transported By:

REPORT PREPARED BY	TITLE	PHONE NUMBER	DATE PREPARED

SITE ADMINISTRATOR SIGNATURE

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