CONFIDENTIAL SCHOOL INCIDENT INVESTIGATION	FOR INTERNAL USE ONLY: DO NOT COPY OR DISTRIBUTE 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 ☐ Employee			
Homes Address Street, City, ST, Zip			☐ Male ☐ Female	Date of Birth	
Home Phone No.:		**Date of Incident:**		**Time:**	
Report to Whom?		**Date Reported:**		**Time:**	

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: Employee ☐ Parent ☐ Student ☐ Statement Attached: ☐ Yes ☐ No
Name of Witness	Address	Phone	
			Status: Employee ☐ Parent ☐ Student ☐ Statement Attached: ☐ Yes ☐ No
Name of Witness	Address	Phone	
			Status: Employee ☐ Parent ☐ Student ☐ Statement Attached: ☐ Yes ☐ No

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:

Parent/Guardian Name (if applicable)	Date/time Contacted	Disposition ☐ Return to Class/work ☐ Home ☐ Doctor ☐ 911/Hospital	
		☐ Other	Transported By:

Parent Comments

REPORT PREPARED BY	PHONE NUMBER	DATE PREPARED

SITE ADMINISTRATOR SIGNATURE:

CONFIDENTIAL ATTORNEY/CLIENT PRIVILEGE