



Form for documenting events that DO NOT include injury to students, staff, or other individuals							
<h1>Student & Staff Confidential Incident Report</h1>						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							
Person completing form:				Date of Incident:			
School/Site:				Time of Incident:			
Phone:				Date Reported:			
Reported to Whom?				Supervisor Name:			
Details of Incident							
Exact Location of Incident:							
Did Incident involve other student(s) or non-student(s)?				Yes	No	If "Yes," Give Name(s) below:	
Name of Individuals Involved and/or Witnesses (Attach Additional Sheet, if Necessary)							
Name:	Student: Y ___ N ___		Staff: Y ___ N ___		Other:		
Name:	Student: Y ___ N ___		Staff: Y ___ N ___		Other:		
Name:	Student: Y ___ N ___		Staff: Y ___ N ___		Other:		
Name:	Student: Y ___ N ___		Staff: Y ___ N ___		Other:		
Describe Events Immediately Prior to the Incident (Attach Additional Sheet, if Necessary)							
Describe the Incident In Detail. Include Specific Strategies Used Throughout (Attach Additional Sheet or Report, if Necessary)							
Follow up Actions Take (Attach Additional Sheet, if Necessary)							
Parent(s) Contacted? Yes No Date? Time? By Whom?							

Reporting Party Signature: _____

Supervisor Signature: _____

Date: _____

Date: _____