



INCIDENT REPORT FORM

CONFIDENTIAL

This is a CONFIDENTIAL REPORT for use by Los Angeles Unified School district attorneys. No copies of this report shall be furnished to anyone including employees, students, or parents without permission from the Office of the General Counsel.

This report must be completed within 24 hours of an incident involving an injury to students, employees, or visitors. Do not use this form for contractors. If this is an employee injury report keep a copy of this investigation on at your location in a confidential file separate from personnel files. Do not keep copies of student or visitor injury investigations at your location. Attach additional documents, photos, etc., as necessary.

NOTIFY YOUR EDUCATIONAL SERVICE CENTER OPERATIONS COORDINATOR BY TELEPHONE IMMEDIATELY.

DATE: \_\_\_\_\_

LOCATION OR \_\_\_\_\_

COST CENTER NAME: \_\_\_\_\_

NAME OF REPORTER: \_\_\_\_\_

REPORTER CONTACT NUMBER: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_/\_\_\_\_/\_\_\_\_

TIME OF INCIDENT: \_\_\_\_\_  AM  PM

INCIDENT OCCURRED:  ON CAMPUS  OFF CAMPUS

DISTRICT OFFICE  AT ANOTHER SCHOOL  CAFETERIA  DURING LUNCH PERIOD

DISTRICT SCHOOL BUS/VEHICLE  GOING TO OR FROM SCHOOL  GOING TO OR FROM SCHOOL A SCHOOL SPONSORED ACTIVITY  OTHER

EXACT LOCATION OF INCIDENT: \_\_\_\_\_

ESC: \_\_\_\_\_

REPORTER FAX NUMBER: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

REPORTER E-MAIL ADDRESS: \_\_\_\_\_

Is this incident centered around or initiated by a  STUDENT(S)  EMPLOYEE(S)  COMMUNITY MEMBER(S) PARENT(S)/  FACILITY(IES)

TYPE OF INCIDENT/ISSUE (Additional form/s must be completed for incident/issue marked with {\*} e.g., Accident, Injury)

- Abduction
Accident
Altercation (Verbal)
Arrest
Bullying
Child Annoyance
Custody Issue
Damaged/attempted to damage school or private property
Death
Discrimination/Harassment
Disrupted School-Wide Activities
Fighting/Physical Aggression
Fraud Allegation
Hate Violence
Hazing
Illegal/Controlled Substance
Injury
Intergroup Conflict
Lockdown
Medical
Missing/Runaway
Robbery
Sex Crime/Sexual Behavior-Inappropriate
Shooting
Shelter in Place
Suicidal Behavior
Testing
Theft
Threat
Trauma/Violence Exposure
Trespass
Walkout/Demonstration
Weapons

FACILITIES ISSUE TYPES (ONLY REPORT INCIDENTS WITH IMPACT ON INSTRUCTION AND OPERATION)

- Air Conditioning Problem
Alarm Activation Investigation
Bells out of order
Burglary
Environmental Hazard/Odor
Anthrax
Asbestos
Bomb/Explosive material
Floods
Lead in paint
Mold
Noise Pollution
Toxic Waste
Fire
Fire Alarm System
Fire Sprinkler Broken
Gas Leak/Odor
Heating System Problem
Lost Keys
Rodent/Insect Problems
Sewer Problem
Technology Failure
Theft
Trespass
Unsecured Access to School Site
Utility Failure
Power outage
Water supply problem
Vandalism
Color
Disability
Gender
Race
Religion
Sex
Sex Orientation



# LOS ANGELES UNIFIED SCHOOL DISTRICT

OFFICE OF THE CHIEF OF STAFF • OFFICE OF SCHOOL OPERATIONS

## INCIDENT REPORT FORM

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SCHOOL/OFFICE NAME: \_\_\_\_\_

### VICTIM INFORMATION SECTION

Is this person a:  STUDENT  EMPLOYEE  PARENT/COMMUNITY MEMBER/VISITOR

STUDENT NO. \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  MALE  FEMALE SCHOOL OF ATTENDANCE: \_\_\_\_\_

Employee or Parent/Comm. Member/Visitor  CERTIFICATED  CLASSIFIED

SITE/LOCATION NAME: \_\_\_\_\_ EMPLOYEE NUMBER: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ TEL. NO. ( ) \_\_\_\_\_ - \_\_\_\_\_

Is this a parent of a student at the school?  YES  NO

If yes, name of child attending the school: \_\_\_\_\_ Grade: \_\_\_\_\_

Was parent/guardian or spouse/relative notified?  Yes  No \_\_\_\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_

### WITNESS INFORMATION SECTION

Is this person a:  STUDENT  EMPLOYEE  PARENT/COMMUNITY MEMBER/VISITOR

STUDENT NO. \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  MALE  FEMALE SCHOOL OF ATTENDANCE: \_\_\_\_\_

Employee or Parent/Comm. Member/Visitor  CERTIFICATED  CLASSIFIED

SITE/LOCATION NAME: \_\_\_\_\_ EMPLOYEE NUMBER: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ TEL. NO. ( ) \_\_\_\_\_ - \_\_\_\_\_

Is this a parent of a student at the school?  YES  NO

If yes, name of child attending the school: \_\_\_\_\_ Grade: \_\_\_\_\_

Was parent/guardian or spouse/relative notified?  Yes  No \_\_\_\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_

### SUSPECT INFORMATION SECTION

Is this person a:  STUDENT  EMPLOYEE  PARENT/COMMUNITY MEMBER/VISITOR

STUDENT NO. \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  MALE  FEMALE SCHOOL OF ATTENDANCE: \_\_\_\_\_

Employee or Parent/Comm. Member/Visitor  CERTIFICATED  CLASSIFIED

SITE/LOCATION NAME: \_\_\_\_\_ EMPLOYEE NUMBER: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ TEL. NO. ( ) \_\_\_\_\_ - \_\_\_\_\_

Is this a parent of a student at the school?  YES  NO

If yes, name of child attending the school: \_\_\_\_\_ Grade: \_\_\_\_\_

Was parent/guardian or spouse/relative notified?  Yes  No \_\_\_\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_



## INCIDENT REPORT FORM

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SCHOOL/OFFICE NAME: \_\_\_\_\_

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Brief description of incident:

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Brief description of school actions taken/administrative follow-through:

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Did the school utilize the Educational Service Center Crisis Team?  YES  NO

Incident reported to:

\_\_\_\_\_  
**Operations Coordinator**

\_\_\_\_\_  
**School Operations**

\_\_\_\_\_  
**School Services Director**

\_\_\_\_\_  
**Administrator of Operations**

\_\_\_\_\_  
**Nursing Coordinator**

\_\_\_\_\_  
**SPECIAL EDUCATION/IEP Support Unit**

- Autism Program Support (213) 241-8051
- Behavior Support (213) 241-8051
- Deaf and Hard of Hearing Program (213) 241-8053 (TTY available)
- Inclusion Support Office (213) 241-8051
- LRE Counselors /Orthopedically Impaired Program (213) 241-8051
- Moderate-Severe Disabilities Support (213) 241-8051
- Visually Impaired Program (323) 962-9560

\_\_\_\_\_  
**Nearby Schools**

\_\_\_\_\_  
**School Police (213) 625-6631 Time: \_\_\_\_\_**

\_\_\_\_\_  
**Municipal Police Dept.**

\_\_\_\_\_  
**Risk Management**

\_\_\_\_\_  
**Facilities Director**

\_\_\_\_\_  
**Educational Equity Compliance**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attach additional pages if necessary.