

DURAND SCHOOL



CONFIDENTIAL

UNUSUAL INCIDENT REPORT

Incident #: _____

Address of the Incident _____

Type of Incident: _____ Code : _____

_____ Code : _____

Date Incident Occurred: _____ Time: _____ Not Known

Date Known to Staff: _____ Time: _____

Prepared By: _____ Title: _____

Date _____ Time: _____ Phone #: _____

Supervisor's Name: _____ Title: _____

Description of the Incident: (Who, What, When, Where, and How it occurred)

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Role: _____ AV _____ AP

People Involved

AV: Alleged Victim
AP: Alleged Perpetrator
ST: Student

Person Type _____ ST _____ Staff _____ Visitor/Other

First Name: _____ MI : _____ Last Name: _____ Sex _____

Residential Information (Residential Name, Address and Phone Number):

D.O.B: _____

Parent/Guardian Name: _____ Parent/Guardian Address: _____

Parent/Guardian Phone Number: _____

Describe Injuries from the Incident :

Injury Type	Body Part	Injury Level
_____	_____	_____

Role: _____ AV _____ AP

Person Type _____ ST _____ Staff _____ Visitor/Other

First Name: _____ MI : _____ Last Name: _____ Sex _____

Residential Information (Residential Name, Address and Phone Number):

D.O.B: _____

Parent/Guardian Name: _____ Parent/Guardian Address: _____

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Parent/Guardian Phone Number: _____

Describe Injuries from the Incident :

Injury Type _____ Body Part _____ Injury Level _____

Role: _____ AV _____ AP

Person Type _____ ST _____ Staff _____ Visitor/Other

First Name: _____ MI : _____ Last Name: _____ Sex _____

Residential Information (Residential Name, Address and Phone Number):

D.O.B: _____

Parent/Guardian Name: _____ Parent/Guardian Address: _____

Parent/Guardian Phone Number: _____

Describe Injuries from the Incident :

Injury Type _____ Body Part _____ Injury Level _____

Role: _____ AV _____ AP

Person Type _____ ST _____ Staff _____ Visitor/Other

First Name: _____ MI : _____ Last Name: _____ Sex _____

Residential Information (Residential Name, Address and Phone Number):

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D.O.B: _____

Parent/Guardian Name: _____ Parent/Guardian Address: _____

Parent/Guardian Phone Number: _____

Describe Injuries from the Incident :

Injury Type _____ Body Part _____ Injury Level _____

Person Type _____ Role: _____ AV _____ AP
ST _____ Staff _____ Visitor/Other

First Name: _____ MI : _____ Last Name: _____ Sex _____

Residential Information (Residential Name, Address and Phone Number):

D.O.B: _____

Parent/Guardian Name: _____ Parent/Guardian Address: _____

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Describe Injuries from the Incident :

Injury Type _____ Body Part _____ Injury Level _____

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Witnesses

Name	Titles

Notifications

Title/Description	Name	Date	Time

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HSPD			

Actions Taken or Planned

Describe Actions Taken or Planned:

Status: _____ Pending _____ Closed

Finding: _____ Substantiated _____ Unsubstantiated _____ Unfounded Date Closed _____