

REPORT OF INCIDENT OR STUDENT ACCIDENT (RSK-F103A)

TYPE: <input type="checkbox"/> Student Accident or Incident <input type="checkbox"/> Incident (Visitor / Property) <input type="checkbox"/> Employee Accident/Injury			
School Name		School Phone:	
Location of Incident		Police Report #	
Date of Incident: mm/dd/yy		Time of Incident: hr/min/am-pm	
NOTIFICATION : Yes No Phone Box FAX			
Nurse or Health Services	<input type="checkbox"/>	<input type="checkbox"/>	6439412 764 3992028
Parent Emergency Contact	<input type="checkbox"/>	<input type="checkbox"/>	
911	<input type="checkbox"/>	<input type="checkbox"/>	
Communication Office	<input type="checkbox"/>	<input type="checkbox"/>	6439145 704 3992058
Human Resources	<input type="checkbox"/>	<input type="checkbox"/>	6439050 770 3992016
Safe Schools Office	<input type="checkbox"/>	<input type="checkbox"/>	6437990 821 3992020
District Security Office	<input type="checkbox"/>	<input type="checkbox"/>	6437444 823 3992014
Risk Management	<input type="checkbox"/>	<input type="checkbox"/>	6439421 840 3992071
Police	<input type="checkbox"/>	<input type="checkbox"/>	City 2645471 CG 245115
Other :			
Area Assistant Superintendent		List witnesses : attach witness statements	
AREA I - WEST	<input type="checkbox"/>	<input type="checkbox"/>	6439449 718 3992024
AREA II - CENTRAL	<input type="checkbox"/>	<input type="checkbox"/>	6439009 718 3992024
AREA III - EAST	<input type="checkbox"/>	<input type="checkbox"/>	643-811 718 3992024
PERSON (S) INVOLVED			
Name: (Last, First, Middle)		Student	