

**CONTOOCCOOK VALLEY SCHOOL DISTRICT
INTENTIONAL PHYSICAL CONTACT INCIDENT REPORT
FORM JKAA-F3**

(See Policy JKAA)

Student Name and Grade: _____

Parent/Guardian Name: _____

Physical Address: _____

Mailing Address: _____

Date and Time of Incident: _____

Date and Time of Verbal Notice to Parent/Guardian: _____

Note: Verbal notification must be made no later than the time of the return of the student to the parent or guardian or the end of the business day, whichever is earlier.

Date Written Report Sent to Parent/Guardian: _____

Note: Within 5 business days, the school must prepare a written report which documents the incident. Such report must contain, at a minimum, the information included in this form.

Staff Involved: _____

Description of actions taken by the student and staff member(s) before the occurrence:

Description of actions taken by the student and staff member(s) during the occurrence:

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Description of actions taken by the student and staff member(s) after the occurrence:

Description of any injuries sustained by, and any medical care administered to the student, employees, or others before, during, or after the incident:

Name of Person(s) Completing This Report:

Building Administrator's Signature: _____ Date: _____