

LOS ANGELES UNIFIED SCHOOL DISTRICT

Beyond The Bell Branch

East Youth Services Field Office

Telephone: (213) 745-5920 Fax: (213) 745-5940

R,S,G! PROGRAM INCIDENT REPORT

School _____ Today's Date _____

Supervisor _____ T.P.S. _____

Date of Incident _____ Time of Incident _____

Please check (✓) as appropriate:

School Police Called: _____ Yes _____ No Police Called: _____ Yes _____ No

Y.S. Office Called: _____ Yes _____ No Parents Called: _____ Yes _____ No

Principal Notified: _____ Yes _____ No T.P.S. Notified: _____ Yes _____ No

Contacted by Whom: _____ Time Notified: _____

If the incident involved an injury was the Confidential Accident Report completed and sent to the Insurance

Section Branch? Date Sent: _____

Parties Involved:

Name Age Address/Telephone Number

Name Age Address/Telephone Number

Name Age Address/Telephone Number

Describe the Incident: What happened, how and where it occurred. **Be specific.**

Action(s) taken by Supervisor(s) :

Witness:

Name: _____ Telephone: _____

Address: _____

Statement of Witness:

Action(s) taken by Police:

Playground Supervisor's Signature

Use additional sheets if necessary.

Submit a copy to your Principal.

Please return to East Youth Services Field Office within 48 hours of the incident.

Youth Services Follow-up (*for office use only*)
