**ADVANCE FOUNDATIONS ADVOCACY CENTER**

Empowering Families. Protecting Student Rights. Ensuring Equitable Education for Every Child.

**FAITH. Education. Justice.**

# SERIOUS INCIDENT DOCUMENTATION FORM

**Document facts. Preserve evidence. Track the response. Protect the student.**

### WHEN TO USE THIS FORM

Use this form when a serious school incident involves safety, injury, alleged abuse or mistreatment, restraint or seclusion, physical contact, bullying or harassment, discrimination, threats, law enforcement, a major disciplinary event, retaliation, a significant disability-related concern, or another event that may require careful documentation and follow-up.

### IMMEDIATE SAFETY FIRST

If a child is in immediate danger or has an urgent medical need, address safety and medical care first. This form is a documentation tool. It does not replace emergency services, mandatory reporting, law enforcement, medical care, child protection reporting, school reporting procedures, or individualized legal advice.

## THE PARENT HOLDS THE HISTORY

**Professionals bring expertise. Parents bring history. The child brings lived experience and voice. All three matter.** Write down what you know while details are fresh. Separate what you personally observed, what your child communicated, what another person reported, and what a record shows.

## 1. STUDENT AND INCIDENT INFORMATION

| | |
|---|---|
| **Student Name:** _____ | **Date of Birth:** _____ |
| **School:** _____ | **Grade:** _____ |
| **Parent/Caregiver:** _____ | **Phone / Email:** _____ |
| **Incident Date:** _____ | **Approx. Time:** _____ |
| **Location of Incident:** _____ | **Date Parent Learned of Incident:** _____ |
| **School Contact:** _____ | **Person Completing This Form:** _____ |

## 2. TYPE OF SERIOUS INCIDENT

| | |
|---|---|
| ☐ Physical injury | ☐ Alleged physical abuse / excessive force |
| ☐ Restraint | ☐ Seclusion / isolation |
| ☐ Bullying | ☐ Harassment |
| ☐ Sexual harassment / misconduct concern | ☐ Discrimination |
| ☐ Racial slur / bias incident | ☐ Threat / intimidation |
| ☐ Retaliation | ☐ Student-on-student assault |
| ☐ Staff-to-student physical contact | ☐ Law enforcement involvement |
| ☐ Emergency removal / major discipline | ☐ Medical emergency |
| ☐ Transportation incident | ☐ Elopement / missing student |

| | |
|---|---|
| ☐ Denied disability support / serious implementation concern | ☐ Other: _____ |

## 3. WHAT HAPPENED?

Write a factual timeline. Include what happened before, during, and immediately after the incident. Use names, times, locations, and exact words when known. Do not guess. Mark information as 'reported' when you did not personally observe it.

_____
_____
_____
_____
_____
_____
_____
_____

## 4. HOW DID YOU LEARN ABOUT THE INCIDENT?

| | |
|---|---|
| ☐ I witnessed it | ☐ My child communicated it |
| ☐ Another student reported it | ☐ School employee reported it |
| ☐ Another parent / witness reported it | ☐ I saw a photo / video / recording |
| ☐ I received a school notice | ☐ I learned from medical records |
| ☐ Other: _____ | |

Who told you, what did they say, and when?

_____
_____
_____
_____

## 5. STUDENT'S ACCOUNT / COMMUNICATION

Record the student's words as closely as possible. If the student is non-speaking or uses AAC, gestures, behavior, signs, pictures, or another communication method, document exactly how the student communicated and who interpreted or observed it.

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_____
_____
_____
_____
_____

## 6. PEOPLE INVOLVED OR PRESENT

| Name | Role / Relationship | Present / Involved / Witness | Contact or Notes |
|---|---|---|---|
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## 7. INJURY, MEDICAL, OR EMOTIONAL IMPACT

| | |
|---|---|
| ☐ No known physical injury | ☐ Visible injury |
| ☐ Pain reported | ☐ Medical evaluation |
| ☐ Emergency room / urgent care | ☐ School nurse visit |
| ☐ Emotional distress | ☐ Fear of returning to school |
| ☐ Sleep / appetite change | ☐ Behavior change |
| ☐ Regression / shutdown | ☐ Other: _____ |

Describe injuries, symptoms, emotional changes, medical findings, or other impact. Note who observed each item.

_____
_____
_____
_____
_____

## 8. DISABILITY / IEP / 504 CONNECTION

| | |
|---|---|
| ☐ Student has an IEP | ☐ Student has a 504 Plan |
| ☐ Evaluation pending | ☐ Disability suspected |
| ☐ FBA / BIP exists | ☐ Communication plan / AAC support |
| ☐ Health / safety plan | ☐ No known disability plan |

Were disability-related needs, accommodations, services, behavior supports, communication supports, health supports, or safety procedures relevant to the incident? Explain.

_____
_____
_____
_____
_____

## 9. EVIDENCE AND RECORD PRESERVATION LOG

List evidence that exists or may exist. Preserve originals when possible. Do not alter screenshots, photos, recordings, or documents. Record where each item came from.

| Evidence / Record | Date / Time | Source / Custodian | Requested? | Preservation Requested? | Received / Saved? | Notes / File Location |
|---|---|---|---|---|---|---|
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## 10. SCHOOL / AGENCY CONTACT LOG

| Date / Time | Person / Agency | Method | What I Reported / Asked | Response | Action Promised | Deadline / Follow-Up | Completed? |
|---|---|---|---|---|---|---|---|
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## 11. RECORDS TO REQUEST OR PRESERVE

| | |
|---|---|
| ☐ Incident report | ☐ Discipline referral / notice |
| ☐ Witness statements maintained as education records | ☐ Video / camera footage |
| ☐ Bus video / transportation records | ☐ Photos |
| ☐ Emails / messages | ☐ Staff notes maintained as education records |
| ☐ Nurse / injury records | ☐ Restraint / seclusion records |
| ☐ Behavior data / FBA / BIP | ☐ IEP / 504 records |
| ☐ Service logs | ☐ Attendance / removal records |
| ☐ Law enforcement report number / records | ☐ Threat assessment notice / records when accessible |
| ☐ Training / policy documents relevant to incident | ☐ Other: _____ |

### AFAC PRESERVATION LANGUAGE

"Please preserve all records and evidence related to this incident, including video, audio, photographs, electronic communications, incident reports, witness information, staff notes maintained as education records, discipline records, nurse or injury records, restraint or seclusion records, transportation records, and other responsive records. Please suspend routine deletion or overwriting of potentially relevant evidence while this matter is being reviewed."

## 12. WHAT DID THE SCHOOL DO AFTER THE INCIDENT?

| | |
|---|---|
| ☐ Parent notified | ☐ Student separated from alleged aggressor |
| ☐ Medical care offered | ☐ Safety plan discussed |
| ☐ Investigation opened | ☐ Administrator meeting held |
| ☐ IEP / 504 meeting offered | ☐ Schedule / placement changed |
| ☐ Staffing / supervision change | ☐ Counseling / support offered |
| ☐ Discipline imposed | ☐ No action known |
| ☐ Other: _____ | |

Describe the response, including dates, people responsible, and anything the school said it would do.

_____

_____

_____

_____

_____

## 13. QUESTIONS THAT STILL NEED ANSWERS

☐ What exactly happened and what evidence supports the school's account?
☐ Who was present, who witnessed the incident, and who responded?
☐ Were required school policies and student-specific plans followed?
☐ Were the student's IEP, 504, behavior, communication, health, or safety supports implemented?
☐ Was the parent notified promptly and accurately?
☐ Was video or other evidence preserved?
☐ What investigation occurred and what is the status?
☐ What immediate steps are protecting the student now?
☐ What corrective action, services, supports, or team review is needed?
☐ What decisions or refusals should be provided in writing?

## 14. PARENT'S REQUESTS / NEXT STEPS

Check or write the actions you are requesting. A request should match the facts and the student's needs.

| | |
|---|---|
| ☐ Written incident report | ☐ Education records |
| ☐ Evidence preservation | ☐ Safety plan |
| ☐ Investigation / status update | ☐ IEP meeting |
| ☐ 504 meeting | ☐ FBA / BIP review |
| ☐ Evaluation / reevaluation | ☐ Medical / nursing follow-up |
| ☐ Make-up services / implementation review | ☐ Written response |
| ☐ Prior Written Notice when IDEA requires it | ☐ Policy / procedure copy |
| ☐ Other: _____ | |

My exact request(s):

_____

_____

_____

_____

## 15. FOLLOW-UP DEADLINE TRACKER

| | |
|---|---|
| **Request / Report Date:** _____ | **Sent To:** _____ |
| **Response Due / Expected:** _____ | **Response Received:** _____ |
| **Next Meeting Date:** _____ | **Next Follow-Up Date:** _____ |
| **Matter Resolved?** _____ | **If Not, Next Step:** _____ |

## 16. AFAC FACT VS. REPORT CHECK

**KEEP THE RECORD STRONG**

Use clear labels: 'I observed,' 'my child communicated,' 'the school reported,' 'a witness reported,' or 'the record states.' Avoid presenting an assumption as a confirmed fact. If accounts conflict, document each account separately and identify the source.

## 17. PARENT SUMMARY

**The most serious concern is:**

_____

_____

**The strongest evidence I have is:**

_____

_____

**The most important missing information is:**

_____

_____

**The impact on my child has been:**

_____

_____

**The immediate protection or support my child needs is:**

_____

_____

**The action I am asking the school or agency to take is:**

_____

_____

## ADVOCACY SUPPORT NOTE

This AFAC form is provided for parent education, documentation, and advocacy support. It is not legal representation, an investigative finding, or individualized legal advice. Serious incidents may involve school policy, IDEA, Section 504, civil rights laws, child protection requirements, criminal law, mandatory reporting duties, or other rules depending on the facts. Families should use appropriate emergency, medical, reporting, administrative, and legal channels when needed.