

Serious School Incident Report

Guam Department of Education

(Updated 6/14/24)

This report, completed by the school administrator, is a document used to record and document a serious school incident that occur within the school premises or during school-related activities. The report is intended for internal and investigative purposes and provides detailed account of the incident, including the date, time, location, and circumstances surrounding the event. It should include information on the individuals involved, including students, staff, and visitors, as well as any injuries or damage sustained. The report should also outline any actions taken by school staff in response to the incident, including any first aid provided, emergency services called, and investigations initiated or recommended. The school shall complete the report timely and email to the DSESL no later than 24 hours of incident. The report shall not be maintained in the student's cumulative folder. Rather, it shall be confidentially stowed in a designated file in the school principal's office in anticipation of litigation. School should not release the School Incident Report to anyone. The only exceptions are: 1) an individual employed by a Protection and Advocacy (P&A) entity, having launched a form P&A Investigation, 2) an individual with a court or legislative subpoena, or 3) a GDOE Employee on a need-to-know basis (for ameliorating the situation, with approval from the school administrator). Should any time a person from the public, including a parent/guardian, request a report of a serious school incident, the school administrator should contact the DSESL for further instructions. Refer to SCPM SOP1200-018: Reporting a School Incident for further guidance.

Name of school in which the report is being made:
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Name and Signature of person completing this form:

Date:

Serious School Incident

Date and time of incident:

Name/s of person/s involved in the incident:

Description of incident:

Date and time of incident:

Name/s of person/s involved in the incident:

Description of incident:

Report to hospital, medical clinic, GPD, GFD, CPS, or other government entity

Incident Reported to:

Date:

How (this form, in person, email, phone):
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Follow Up Action

Description of actions to be taken:
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