

DOUGLAS COUNTY SCHOOL DISTRICT

*P. O. Box 1888
Minden, Nevada 89423*

CONFIDENTIAL

_____ has unlawfully caused, or attempted to
(Student's Name)
cause serious bodily injury to a person within the preceding three years. In accordance
with N.R.S. 392, you are being informed of this incident(s).

You may **NOT** disseminate this information to any other person. This information is
personal and is to remain confidential.

Your signature acknowledges receipt of this information.

(Employee's Name)

(Employee's Position)

(Employee's Signature)

(Employee's Signature)

(Employee's Signature)

(Employee's Signature)

Enclosures: DCSD AR 314 or 427
AB 466

Copies: Principal
Employee