

EMPLOYEE ASSAULT / BATTERY REPORT
(This report must be completed within 72 hours of incident)

WORK LOCATION: _____ REPORT DATE: _____

NAME OF VICTIM: _____

POSITION OF VICTIM: Administrator Teacher Other (Specify) _____

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____

WHERE INCIDENT OCCURRED: _____

DESCRIPTION OF INCIDENT: _____

(Please attach another sheet in triplicate if additional space is required.)

IDENTIFICATION OF PERSONS INVOLVED: *(For each, list name and indicate if student, teacher, other School Board employee or other person.)*

WITNESSES TO THIS INCIDENT: *(For each witness, list name, address, and indicate if the witness is a student, teacher, administrator, or other.)*

PERSON REPORTING INCIDENT: _____

POSITION: _____ SIGNATURE: _____

INVESTIGATION BY PRINCIPAL/SITE SUPERVISOR

(This Section Must Be Completed)

COMMENTS CONCERNING FINDINGS: _____

ACTION TAKEN AS OF THE FILING OF THIS REPORT: _____

Was School Security contacted? ___ Yes ___ No
Was a law enforcement agency contacted? ___ Yes ___ No
Did the complainant file criminal charges? ___ Yes ___ No

DATE: _____ PRINCIPAL/
SITE SUPERVISOR'S SIGNATURE _____