



VIOLENCE REPORT

CONFIDENTIAL TO: Assistant Superintendent - Human Resources

Please print clearly. Use Separate form for each employee.

SCHOOL DISTRICT FACILITY: _____ DATE OF INCIDENT: _____
EXACT LOCATION OF INCIDENT: _____ TIME OF INCIDENT: _____
EMPLOYEE INVOLVED: _____ OCCUPATION: _____

TYPE OF INCIDENT (Check appropriate boxes)

PERSON COMMITTING ASSAULT/THREAT

- Actual or attempted physical assault
- Threatening statement or behavior

- Weapon Involved*
- Yes No
 - Yes No

Full Name: _____
Address: _____
Parent: Student Other _____

DESCRIPTION OF INJURY: (if any)

Attending Physician: Yes No Time Loss: Yes No
Name of Investigating Police Officer: _____
Police Case File Number: _____
Criminal Charges Contemplated: Yes No

DESCRIBE INCIDENT: (include what acts, failure to act and/or conditions contributed to this incident, what person said/did)

DESCRIPTION OF PERSON COMMITTING ASSAULT/THREAT (if person not well known & court action possible)

Male Female Age _____ Weight _____ Height _____
Hair Color & Length: _____
Clothing: _____
Other Identifying Marks: (Scars, tattoos, birth marks, etc.) _____

WITNESSES (if any)

EMPLOYEE STATEMENT Yes No (to include what, where, when, who and why - use separate sheet)

ACTION TAKEN:

- Administrator Notified Police Notified Safety Officer Notified
- Parent/Guardian Notified Have Site Staff Been Advised

RECOMMENDATIONS: (Regarding training, communication skills, building security, etc.)

I have read and reviewed these recommendations: _____
Signature of Employee

COMPLETED BY: _____ (Administrative Officer/Supervisor) RECEIVED BY: _____
(Assistant Superintendent)

NAME: _____ REVIEWED BY: _____
SCHOOL/LOCATION: _____ (District Safety Officer - Director Of
ADMINISTRATOR/MANAGER: _____ Maintenance)