

Incident Report

(Inappropriate Behavior toward Employees by Visitors)

Complete and submit this report to your immediate supervisor as soon as possible after the incident.

DATE OF INCIDENT _____

EMPLOYEE'S NAME _____

POSITION/TITLE _____

WHERE DID INCIDENT OCCUR? (*Check*)

- School site School grounds School-sponsored event Central Office Private residence
- Public site (*specify*) _____
- Other (*specify*) _____

DESCRIBE/IDENTIFY INDIVIDUAL: _____

DESCRIBE INDIVIDUAL'S ACTIONS. (*Check the boxes that best categorize the actions and then describe those actions with specifics. Attach a separate sheet if necessary.*)

- Cursing/using obscenities
- Disrupting or threatening to disrupt school or office operations
- Acting in an unsafe manner (a manner that could have threatened the health and safety of others)
- Making a verbal statement, a phone call, or a gesture indicating intent to harm you or to damage school property
- Sending a written statement indicating intent to harm you or to damage school property
- Physically attacking you with the intent to harm you or to damage school property
- Other (*specify*) _____

Specifics: _____

DESCRIBE YOUR RESPONSE. (*Check the boxes that best categorize your response and then describe that response with specifics. Attach a separate sheet if necessary.*)

- Informed person(s) of provisions of and/or gave person(s) a copy of Policy 10.21
- Hung up the phone on the person(s)
- Asked person(s) to leave office/school/event
- Called site administrator/designee for assistance
- Called law enforcement officials
- Other (*specify*) _____

Specifics: _____

Employee's Signature *Date*

Immediate Supervisor's Signature *Date*

DATE REPORT SUBMITTED TO SUPERINTENDENT/DESIGNEE: _____

Review/Revised:10/10/2000