

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: _____