

ASSAULT WITNESS FORMS

PHYSICAL CONTACT INCIDENT REPORT *Witness Report*

Witness Name and Position _____

Impacted Staff Name and Position _____ School Site _____

Names/Grades of Student Involved in Incident _____

Date and Time of Incident. _____ Date and Time of Report. _____

Nature of Incident

- | | | | |
|-------------------------------|-------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Pinch | <input type="checkbox"/> Spit | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Grab | <input type="checkbox"/> Punch | <input type="checkbox"/> Head Butt | |
| <input type="checkbox"/> Kick | <input type="checkbox"/> Push/Shove | <input type="checkbox"/> Scratch | |
| <input type="checkbox"/> Slap | <input type="checkbox"/> Choke | <input type="checkbox"/> Thrown Object _____ | |

	Description of the Incident (continue on back if needed)
<p>Describe setting - <i>location, time of day, activity, staff and students present, what happened just before the incident?</i></p>	<p><input type="checkbox"/> Hallway <input type="checkbox"/> Classroom <input type="checkbox"/> Gym <input type="checkbox"/> Community <input type="checkbox"/> Stairs/Elevator <input type="checkbox"/> Office <input type="checkbox"/> Bathroom <input type="checkbox"/> Parking Lot <input type="checkbox"/> Student Center <input type="checkbox"/> Kitchen <input type="checkbox"/> Before School <input type="checkbox"/> Morning <input type="checkbox"/> Lunch <input type="checkbox"/> Afternoon <input type="checkbox"/> After School</p> <p><i>Brief description of the setting/activities just before the incident:</i></p>
<p>Describe event - <i>what happened during the incident'?</i></p>	
<p>Describe the result <i>what happened immediately after the incident?</i></p>	

Print Name _____

Signature _____ Date _____

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Additional Space: