

**PHYSICAL AGGRESSION TOWARD A STAFF MEMBER REPORT FORM**

Staff Member's Name and Position \_\_\_\_\_

Reporter's Name and Position (if different) \_\_\_\_\_

Investigator's Name and Position \_\_\_\_\_

Names/Grades of Student Involved in Incident \_\_\_\_\_

Witnesses (Check if statement is attached)

Date and Time of Incident \_\_\_\_\_

Date and Time of Report, \_\_\_\_\_

Nature of Incident (may check more than one)

- Bite                       Scratch                       Push/Shove                       Choke                       Pinch                      Grab  
 Kick                       Throw Objects                       Spit                       Head Butt                       Punch                      Slap  
 Other

	Description of the Incident (continue on back if needed)
<b>Describe setting -</b> <i>location, time of day, activity, staff and students present, what happened just before the incident?</i>	<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 <i>Brief description of the setting/activities just before the incident:</i>
<b>Describe event -</b> <i>what happened during the incident?</i>	
<b>Describe the result or consequences -</b> <i>what happened immediately after the incident?</i>	

**Are you requesting that this be reported as an assault under C. G. S. 10-2339**    Yes  No

\*If "Yes," a copy of this report must be forwarded by the building administration to the Superintendent of Schools who will forward to the Greenwich Police as appropriate.

To the best of my knowledge and recollection, the above statements are true and accurate of the incident in question.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Extra Space: