

ASSAULT/BATTERY REPORT

Submit to the Building Administrator in duplicate.

Name: _____ Date of Report: _____

Date of Incident: _____ Time of Incident: _____

Person(s) Involved: _____

Witness(s): _____

Detailed account of incident: _____

I request that this report be kept on file by the Building Administrator in the event of any further incidents.

Teacher Signature Date

I request that this incident be filed in conjunction with the Building Administrator and with local law enforcement authorities.

Teacher Signature Date

Date of Parent Notification: _____

Action taken by Administrator: _____

Building Administrator Signature Date