



Mt. Diablo Unified School District Employee Report of Assault

Employee Name:

Date of Report:

Employee Job Title:

Employee ID #:

Location of Incident:

Date of Incident:

Person(s) Perpetrating the Assault:

Is the perpetrator a Student? Parent? Staff Member? Other:

Description of the Incident:

Law Enforcement Agency Contacted:

Date Contacted:

Time:

Who made the report:

District Emergency Line Contacted:

Date Contacted:

Time:

Who made the call:

Other Administrative Action Taken:

Signed:

Employee Assaulted

Date:

Signed:

Principal or Administrative Designee

Date:

Distribution List:

Personnel/Human Resources

Site Principal/Administrator

Appropriate Bargaining Unit

Appropriate Assistant Superintendent