

North Central Ohio Educational Service Center

ASSAULT REPORT FORM

Employee Name: _____ Date of Assault: ____/____/____

Position: _____ Time of Assault: _____

DIRECTIONS: Please complete this report, give a copy to your immediate Supervisor, and email the report to the Director of Human Resources (kfisher@ncoesc.org). You will be contacted to discuss the details of the assault and the process for applying for Assault Leave, should that be necessary.

Location where the assault occurred: _____

Name of the student/person (assailant) who assaulted you: _____

Relationship of the assailant to you (e.g., student in class): _____

Describe completely the events before and during the assault. Include explicit words and actions, and describe any physical injury resulting from the assault. If medical attention was required, attach the report from the attending physician or nurse. If more space is needed, use a second sheet.

Please list all witnesses: _____

Employee Signature and Date

Supervisor's Signature (has read the report) and Date