

PAEA/CSEA/Palo Alto Unified School District
Employee Incident/Assault forms

Please Select: Certificated Classified

Steps:

1. If an employee is assaulted or threatened in connection with their employment, the employee should immediately complete this form and submit it to their immediate supervisor (principal or director) and send a copy to the PAEA or CSEA President. The employee should keep a copy for their records.
2. Principal/Director should immediately complete the bottom section of the form and submit a copy to Risk Management and the Assistant Superintendent of Strategic Initiatives. Risk Management will confirm receipt to the employee within two workdays.
3. Risk Management will send it to the Deputy Superintendent of HR and the Superintendent of Schools.
4. Appropriate steps will be followed in any case leading to civil or criminal proceedings.

Name of Employee: _____ Worksite: _____ Date of Report: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Location of Incident: _____

Date of Incident: _____ Time of Incident: _____ a.m. p.m.

Do you require medical attention: Yes No Has medical treatment been provided? Yes No

Has a worker's compensation been claim filed? Yes No

What facility will/has provide(d) you with medical treatment? _____

Describe and provide specific details of the incident. Attach an additional page if necessary: _____

Describe injury and part of body affected: _____

If a police report was completed: Police Report # _____ Officer's Name _____

Witness Information:

Name: _____

Position: _____ Phone Number: _____

Immediate supervisor: Complete the response section below within 24 hours of receipt and provide copies to Risk Management and the Superintendent of Strategic Initiatives. Supervisor keeps a copy. Additional information may be required during the investigation. Please attach witness statement(s) to this form.

Action Taken: _____

Is further action required? Yes No If so, please describe the detailed action, the individuals responsible for completing the action, and the due date for completion: _____

_____ Immediate Supervisor's Signature _____ Date _____

