

# DELANO UNION SCHOOL DISTRICT

## VIOLENT INCIDENT REPORT – ATTACHMENT A

Employee Name: \_\_\_\_\_

Name/Title/Contact Information of Person Completing Form: \_\_\_\_\_

<u>Date/Time</u>	<u>Location/ Department</u>	<u>Incident Description</u>	<u>Violence Committed By?<sup>1</sup></u>

### **Type of Incident:** (check all that apply)

- ☐ Physical attack (e.g. biting, choking, grabbing, hair pulling, kicking, punching, slapping, pushing, pulling, scratching, or spitting) ☐ Attack with weapon (e.g. gun, knife, other object) ☐ Threat of force or use of weapon
- ☐ Sexual assault or threat (rape or attempted rape, physical display, or unwanted verbal or physical sexual contact)
- ☐ Verbal Harassment ☐ Animal Attack ☐ Other \_\_\_\_\_

### **Incident Location Specifics:** (check all that apply)

- ☐ Office ☐ Hallway ☐ Restroom/Bathroom ☐ Parking Lot ☐ Other Area Outside Building ☐ Personal Residence ☐ Break Room ☐ Cafeteria ☐ Other

### **Incident Specifics:** (check all that apply, use additional page if necessary)

- ☐ Victim Performing Usual Job Duties ☐ Poor Lighting ☐ Rushed ☐ Working During Low Staffing Level ☐ High Crime Area ☐ Isolated/Alone ☐ Unable to Get Help/Assistance ☐ Working in Community Setting ☐ Working in Unfamiliar/New Location

### **Consequence Specifics:** (Use additional sheets if necessary)

- ☐ Security Contacted/Law Enforcement Contacted ☐ Law Enforcement/Security Response: \_\_\_\_\_
- ☐ Actions Taken to Protect from Continuing Threat or Other Hazards Identified as a Result of Incident (if any)

<sup>1</sup> The perpetrator will be classified as: (1) client or customer; (2) family or friend of a client or customer; (3) stranger with criminal intent; (4) co-worker, supervisor or manager of victim, (5) partner or spouse, parent or relative of victim, or (6) other perpetrator.

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Please provide additional incident specifics below.