

Assault Report Form

Doyle Administration Building
545 West Dayton Street
Madison WI 53703 663-1905

Name of Person Assaulted	School	Job Title	Incident Date

Student Name	Grade	<input type="checkbox"/> Yes <input type="checkbox"/> No Special Education

- Yes No **Police were notified**
 Yes No **Injury sustained** →

If this assault caused any injury, complete an **Employee Report of Injury or Illness** and submit to Risk Management, Doyle Administration Building, fax 442-2169. This form is available in the school office or at dww.madison.k12.wi.us/admsvc/wc.htm.

If this assault caused blood or body fluid exposure, **report the incident** to the school nurse and/or supervisor by the end of the day on which the incident occurred.

THE ASSAULT OCCURRED:

- ATTEMPTING TO RESTRAIN A STUDENT
- ASSAILANT WAS VERBALLY ABUSIVE
- DEFENDING YOURSELF/OTHERS
- INTERVENING IN AN ALTERCATION
- MAINTAINING ORDER
- WITHOUT WARNING
- WHILE ESCORTING
 - HANDS ON
 - NO HANDS ON

CAUSE OF INJURY:

- KICK
- CHOKE
- BITE
- SCRATCH
- PUNCH
- GRAB
- OTHER: _____
- OBJECT USED: _____

CUES/WARNING SIGNS: _____

INJURY LOCATION:

- HEAD FACE LEG/FOOT CHEST BACK
- ARM/HAND ABDOMEN GROIN HAIR

INJURED PERSON SIGNATURE: _____

OTHER COMMENTS OR INFORMATION: _____

PRINCIPAL'S SIGNATURE: _____ **DATE:** _____

PRINCIPAL: ACTIONS TO BE TAKEN:

- LESS THAN SUSPENSION SUSPENSION EXPULSION UNKNOWN N/A

INSTRUCTIONS: Make a copy of the completed form for your School's file and return the Original to the Security Office, Doyle 110. The Security Office will forward a copy to the Assistant Superintendent's Office.