

PICKERINGTON LOCAL SCHOOL DISTRICT

**Incident Report Form**  
**Assaults/Threats - Physical or Verbal**

Employee ID                     

Employee Name (please print) \_\_\_\_\_

Position \_\_\_\_\_ Building \_\_\_\_\_

Date of Incident \_\_\_\_\_ Approximate time incident occurred \_\_\_\_\_

Where did the incident occur? \_\_\_\_\_

Who was involved in the incident? (first and last names) \_\_\_\_\_

Who witnessed the incident? (Give specific first and last names of adults and students who witnessed the event)

Describe any relevant events that preceded the incident \_\_\_\_\_

Describe the incident in detail from the beginning (use back of form if needed) \_\_\_\_\_

If appropriate, describe any succeeding events that occurred since the incident \_\_\_\_\_

Relief sought \_\_\_\_\_

\_\_\_\_\_  
Employee signature Date

**Office Use Only**

Principal/Assistant Principal/Supervisor \_\_\_\_\_

Date Received \_\_\_\_\_ Date(s) follow-up conducted \_\_\_\_\_

Action taken \_\_\_\_\_

cc: Superintendent/designee