

**Incident Report**

**(Inappropriate Behavior toward Employees by Visitors)**

**Complete and submit this report to your immediate supervisor as soon as possible after the incident.**

DATE OF INCIDENT \_\_\_\_\_

EMPLOYEE'S NAME \_\_\_\_\_

POSITION/TITLE \_\_\_\_\_

WHERE DID INCIDENT OCCUR? (*Check*)

- School site     School grounds     School-sponsored event     Central Office     Private residence
- Public site (*specify*) \_\_\_\_\_
- Other (*specify*) \_\_\_\_\_

DESCRIBE/IDENTIFY INDIVIDUAL: \_\_\_\_\_

DESCRIBE INDIVIDUAL'S ACTIONS. (*Check the boxes that best categorize the actions and then describe those actions with specifics. Attach a separate sheet if necessary.*)

- Cursing/using obscenities
- Disrupting or threatening to disrupt school or office operations
- Acting in an unsafe manner (a manner that could have threatened the health and safety of others)
- Making a verbal statement, a phone call, or a gesture indicating intent to harm you or to damage school property
- Sending a written statement indicating intent to harm you or to damage school property
- Physically attacking you with the intent to harm you or to damage school property
- Other (*specify*) \_\_\_\_\_

Specifics: \_\_\_\_\_

DESCRIBE YOUR RESPONSE. (*Check the boxes that best categorize your response and then describe that response with specifics. Attach a separate sheet if necessary.*)

- Informed person(s) of provisions of and/or gave person(s) a copy of Policy 10.21
- Hung up the phone on the person(s)
- Asked person(s) to leave office/school/event
- Called site administrator/designee for assistance
- Called law enforcement officials
- Other (*specify*) \_\_\_\_\_

Specifics: \_\_\_\_\_

\_\_\_\_\_  
*Employee's Signature* *Date*

\_\_\_\_\_  
*Immediate Supervisor's Signature* *Date*

DATE REPORT SUBMITTED TO SUPERINTENDENT/DESIGNEE: \_\_\_\_\_

Send completed form to: Ken Kippenbrock Central Office 392-1004