



Fremont Unified School District Employee Incident/ Assault Form

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). Employee should keep a copy.
2. Principal/Director should immediately complete the bottom section of the form and submit a copy to Risk Management. Risk Management will confirm receipt to the employee within two workdays.
3. Risk Management will send it to HR and the Superintendent. Superintendent will notify the FUSD School Board.
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. 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 _____