

DECATUR PUBLIC SCHOOL DISTRICT 61

ASSAULT REPORT FORM

Assault Date _____ Time _____ Assault Reported To: _____

Mr. Mrs. Ms.		(217)					
Name	Last	First	MI	Home Telephone	Date of Hire	Social Security Number (Required)	
Address			City/State/Zip				
F	M						
Sex	Marital Status		Date of Birth		Number of Dependent Children		
Job Title			Hours Per Week		Regular or Special Education? (217)		
School/Building Base					Work Telephone		

Please provide a detailed description of the incident. Add pages as needed.

Signature of Employee:

Date:

Action taken by Administrator:

Signature of Supervisor:

Date:

Decatur Police Department Officer:

Date:

Was incident filed with law enforcement authorities?

By Administrator
By Injured Party

Yes _____
Yes _____

No _____
No _____

Time Lost: Class _____ Days _____

Building Principal/Designee (please checkmark as executed)

Send original* to _____ Business Office – Keil Administration Building

Send copies to: _____ Building Records File
_____ Union President
_____ Assistant Superintendent of Schools
_____ Police Department (mandatory for assault cases)

*Send original and copies within 5 days of the incident.

Assault Form Process

1. Ensure you are using the most recent Assault Form (revised 08/2022)
2. Immediately contact Decatur Police Department / School Resource Officer to hand deliver Assault Form
3. Contact Illinois State Police Illinois Uniform Crime Reporting Program at 217-867-2050 no later than three (3) days after the occurrence of the attack
4. Send Assault Form to:
 - a. Business Office
 - b. Building Records File
 - c. Assistant Superintendent
 - d. DEA President
 - e. Police Department (mandatory for assault cases)

** For the Business Office original, ensure that all parties who received a copy are clearly marked
5. Schedule a meeting within three (3) days including:
 - a. Building Administrator
 - b. Classroom teacher
 - c. Association (Union) Representative
 - d. Student Services Representative

Revised 08/2022