

Cincinnati Public Schools  
Department of Human Resources

# Notification of Assault

Name (Print full name)	Title	School
Home Address	Zip Code	Telephone
Date of Assault	Where Assault Occurred	

Name of assailant(s) (grade if applicable)

Witness(es)

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Please describe the assault. Attach second page if needed.

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Were charges filed? No \_\_\_\_\_ Yes \_\_\_\_\_ When \_\_\_\_\_

Date	Signature
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If you were physically disabled from performing your duties as a result of the described assault and want to apply for assault leave, please complete the reverse side.

Distribution: (Original) Director, Human Resources  
(Copies) \_\_\_\_\_ Principal, \_\_\_\_\_ Employee, \_\_\_\_\_ Union