

Date: _____

Employee Misconduct Reporting Form Page 1

Reporter Information

Full Name: _____
Last *First* *M.I.*

Position/Location: _____

Work Phone: () _____
Alternate Phone: () _____

Employee Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* _____ *State* _____ *ZIP Code*

Home Phone: () _____ Alternate Phone: () _____

Position/Location: _____

Social Security #: _____

Supervisor: _____
Last *First* *M.I.*

Reporting Information

Does the incident require DCF contact? No Yes If Yes, date contacted/ID #: _____

Does the incident require Law Enforcement contact? No Yes If Yes, Offense Rpt#: _____

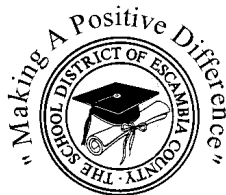
Does the incident require updating Deputy Superintendent? No Yes If Yes, date contacted: _____

ID Badge collected: No Yes District Keys collected: No Yes

Incident Information

Incident Date: _____ Incident Location: _____

Description: _____



Date: _____

Employee Misconduct Reporting Form Page 2

Victim/Witness Information

Mark all that apply: Victim Witness Student/Student ID: _____
Employee/Job Title: _____ Other/Specify: _____

Statement Attached: Yes No

Note: Statements should be legible, detailed, and signed and dated by the victim/witness.

Full Name: _____
Last *First* *M.I.*

Mark all that apply: Victim Witness Student/Student ID: _____
Employee/Job Title: _____ Other/Specify: _____

Statement Attached: Yes No

Note: Statements should be legible, detailed, and signed and dated by the victim/witness.

Full Name: _____
Last *First* *M.I.*

Mark all that apply: Victim Witness Student/Student ID: _____
Employee/Job Title: _____ Other/Specify: _____

Statement Attached: Yes No

Note: Statements should be legible, detailed, and signed and dated by the victim/witness.

Full Name: _____
Last *First* *M.I.*

Mark all that apply: Victim Witness Student/Student ID: _____
Employee/Job Title: _____ Other/Specify: _____

Statement Attached: Yes No

Note: Statements should be legible, detailed, and signed and dated by the victim/witness.

Full Name: _____
Last *First* *M.I.*

Mark all that apply: Victim Witness Student/Student ID: _____
Employee/Job Title: _____ Other/Specify: _____

Statement Attached: Yes No

Note: Statements should be legible, detailed, and signed and dated by the victim/witness.

Full Name: _____
Last *First* *M.I.*

Additional Information
