

EMPLOYEE ASSAULT REPORT

Important: Before completing form call the injury hotline at 312-850-2263 for the assignment assault claim number. Answer every question with either the requested information or the symbol "NA" if the question is not applicable.

School _____ Area _____ Claim Number _____

Name of Employee _____ Sex _____ Occupation _____

Home Address _____ City _____ Zip Code _____ Phone _____

Date of Report _____ Date of Incident _____ Time _____ (A.M./P.M.)

Location of Incident: Building _____ Grounds _____ Field Trip _____ Other (Explain) _____

Nature of Injury _____

Intent to harm ___ Yes/No
(use this entire section for narrative) _____

First Aid Given _____ By Whom _____ Date _____

Taken to Hospital/Clinic/Physician _____ By Whom _____ Date _____

Name of Hospital/Clinic/Physician _____ Address _____ Phone/Fax _____

Offender: Pupil _____ Parent _____ Intruder _____ Other (Specify) _____

Name of Offender _____ Address _____ Sex _____ Age _____

Disposition of Offender: Arrested _____ Suspended _____ Escaped _____ Other (Specify) _____

Were Police Summoned? _____ Time _____ (A.M./P.M.) Police Report No. _____

Witnesses Name _____ Address _____ Phone _____

Age _____ Sex _____ Occupation _____ (List Additional Witnesses in Narrative)

Narrative: _____

Injury called into hotline _____ Yes/No CPS Injury Hotline # 312-850-2263

Report prepared by _____ Date Prepared _____
(Signature) Title

Local Administrator _____ Date Completed _____
(Signature) Title

FINAL DETERMINATION OF THIS CLAIM FOR BENEFITS WILL BE MADE BY EMPLOYEE HEALTH SERVICES.