

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)

Please describe the assault. Attach second page if needed.

Were charges filed? No _____ Yes _____ When _____

Date Signature

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