

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