



Baltimore Teachers Union School Safety Incident Report

FOR OFFICE USE ONLY:	
I.D. # _____	
Contact Date _____	
Contact Person _____	
Results _____	

Instructions: Please read instructions and print or type information. Report immediately all school-related incidents that involve staff. Notify the principal. Send this report to: Baltimore Teachers Union, 5800 Metro Drive, Baltimore, MD 21215. The report can also be faxed to 410-358-2894.

Victim Information:

Last Name _____ First Name _____ MI _____
 Date of Incident _____ Location of Incident _____
 School # _____ Job Title _____ Grade Level _____
 Home Address _____
 Home Phone _____ Email _____ School Phone _____

Perpetrator Information:

Circle One

1. Student 2. Special Ed Student 3. Parent 4. Intruder 5. Other _____

Type of Incident:

Circle all that apply

1. Assault 2. Battery 3. Robbery 4. Weapons 5. Drugs 6. Inappropriate Sexual Behavior
 7. Other _____

• **Assault**- An apparently violent attempt or a willful offer with force or violence to do harm to another without the actual doing of the hurt threatened (as by lifting the fist in a threatening manner). • **Battery** -The unlawful use of force on a person without his consent.
 • **Inappropriate sexual behavior** - Sexual contact or language towards another person against their will.

Description of Incident :

Extent of injuries (Describe):

Medical Attention:

Circle One

1. None 2. Hospital 3. Personal doctor 4. Emergency 5. Self-treated 6. City Clinic

Disposition of Incident:

Circle One

1. None 2. Disciplinary Removal 3. Short Term Suspension 4. Long Term Suspension 5. Expulsion
 6. Other _____

Stolen/Damaged Property:

Description _____
 Value _____

All information is confidential and will be used for statistical purposes only.