

LOS ANGELES UNIFIED SCHOOL DISTRICT
DIVISION OF RISK MANAGEMENT AND INSURANCE SERVICES

Special Physical Injury/Alleged Act of Violence Report

(To Be Completed by the Site Administrator or Designee and Injured Employee)

SECTION 1. (To be completed by employee)

Employee Name: _____
Last First Middle Employee Number

Home Address: _____
Street City Zip () Telephone No.

School/ Site Name: _____ District/Div.: _____ (Area) Telephone No. ()

Date of Incident: _____ Time: _____

Describe in detail how incident/injury occurred (You may attach additional information on separate sheet of paper):

Location where alleged act of violence occurred: _____

Nature of Injury/Illness and part(s) of body affected: _____

Incident reported to school police? Yes No Date Reported: _____

Name of School Police Officer: _____

Was another person responsible for injury? Yes No If yes provide identifying information below.

Was this with intent to harm? Yes No

Name: _____ Address: _____

_____ Employee Signature	_____ Date
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SECTION 2. (To be completed by Site Administrator or designee)

I concur with the description detailed above Yes No -- If you do not concur, state reason why:

(Attach additional sheet of paper if necessary)

Site Administrator () Telephone No. Date