

# Jefferson County Public Schools Student/Employee Incident Report Form

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**The completed and signed form must be faxed to all three:  
Compliance and Investigations Unit – 502-485-3593 (For Informational purposes ONLY)  
Security and Investigations Unit – 502-485-3207  
Workers Comp. Unit – 502-485-6256**

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1. Employee Name \_\_\_\_\_ DOB \_\_\_\_\_  
(Last) (First) (Middle)

School \_\_\_\_\_

Email Contact: \_\_\_\_\_@jefferson.kyschools.us

2. Job Title \_\_\_\_\_ Phone (Home) \_\_\_\_\_

3. Home Address \_\_\_\_\_  
(Number & Street) (City) (State) (ZIP)

4. Date of Incident \_\_\_\_\_ Time: \_\_\_\_\_ a.m. /p.m. (Circle)

5. Location (e.g.: lunchroom, hallway, playground)  
\_\_\_\_\_

6. Please describe the incident in as much detail as possible. Describe specifically the particular task or activity performed at the time of the incident. Attach a statement if more room is necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Did you sustain any injuries \_\_\_\_\_ Yes \_\_\_\_\_ No  
Was medical attention required? \_\_\_\_\_ Yes \_\_\_\_\_ No

IF YES, to whom were you referred? \_\_\_\_\_

8. **If YES**, describe your injuries

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9. Does this case involve a student  or an adult  ?

10. Did the incident take place on school premises? \_\_\_\_ Yes \_\_\_\_ No

11. Did the incident take place away from school premises, but on official school business? \_\_\_\_ Yes \_\_\_\_ No

**If YES, where?** \_\_\_\_\_

12. Perpetrator \_\_\_\_\_ Race/Sex \_\_\_\_\_ DOB \_\_\_\_\_

Perpetrator Address \_\_\_\_\_ Phone \_\_\_\_\_

Parent \_\_\_\_\_ (If Juvenile)

**Is Perpetrator:** \_\_\_\_ Staff \_\_\_\_ Student \_\_\_\_ Other (Visitor, etc.)

13. If a police report was taken, **Report #** \_\_\_\_\_ **Police Agency** \_\_\_\_\_

14. Was the perpetrator arrested for this incident? \_\_\_\_ Yes \_\_\_\_ No

**If YES**, agency that made arrest \_\_\_\_\_  **School SRO Involved**

15. **If this incident is determined to be an Assault in the first, second, third or fourth degree; do you want to prosecute?**

\_\_\_\_\_ **YES**, I wish to press formal charges. *(Incident must be reported to Security and Investigations at 485-3111.)*

\_\_\_\_\_ **NO**, I do not wish to press formal charges at this time.

16. \_\_\_\_\_ (Date) \_\_\_\_\_  
(Please Print Signature of Staff Member)

\_\_\_\_\_ (Date) \_\_\_\_\_  
(Please Print Signature of Principal)

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## **TO BE COMPLETED BY THE ASSIGNED INVESTIGATOR:**

\_\_\_\_\_ This incident meets the legal requirements for an Assault.

\_\_\_\_\_ This incident does not meet the legal requirements of an Assault in the Commonwealth of Kentucky.

\_\_\_\_\_ This incident does not meet the legal requirements of an Assault in the Commonwealth of Kentucky, but falls under the following felony, misdemeanor, or violation: \_\_\_\_\_

\_\_\_\_\_ The employee does not wish to press formal charges at this time.

\_\_\_\_\_ The employee has chosen to file a petition against the student.

\_\_\_\_\_ The employee was assisted in filing a petition on \_\_\_\_\_  
(Date)

Investigator's Signature \_\_\_\_\_

Date of Investigation \_\_\_\_\_

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