



San Francisco Unified School District

555 Franklin Street, San Francisco, CA 94102-5299

**REPORT REGARDING ATTACK, ASSAULT, OR PHYSICAL THREAT
OF A TEACHER OR PARAPROFESSIONAL (as defined in California Education
Code Section 44014)**

Name of Employee: _____

Employee Position: _____

School Site/Location of Incident: _____

Time/Date of Incident: _____

Time/Date Supervisor Notified About Incident: _____

Name of Supervisor Who Filed Police Report: _____

Supervisor Title/Position: _____

Police Report Number (if available): _____

Briefly describe the attack, assault or physical threat:

**DO NOT INCLUDE STUDENT NAME OR ANY OTHER PERSONALLY
IDENTIFYING INFORMATION ABOUT THE STUDENT IN THIS
DESCRIPTION:**

This form was prepared by:

Name and Title

Date

Please Email to the Labor Relations Office at labor@sfusd.edu and to UESF at flara@uesf.org