

**HUNTINGTON BEACH CITY SCHOOL DISTRICT
Pupil Assault/Battery Report**

I. To be completed by the teacher:

Teacher School Date/Time of Incident

Student Grade

Describe Incident: _____

Physical Injury? Yes No

Witnesses:

Incident Reported To: _____
Site Administrator Date/Time of Report

II. To be completed by Site Administrator:

Action Taken: _____

III. To be completed by Teacher and Site Administrator:

Was the incident reported to law enforcement? By Teacher: Yes No Date/Time _____

If your answer is "yes", was it reported by the Administrator: Yes No Date/Time _____

Check if additional comments or attachments are included.

Signatures:

Teacher Date Administrator Date

Cc: Principal
Teacher
District