SUBSTITUTE INCIDENT NOTIFICATION REPORT FORM

<table>
<thead>
<tr>
<th>Substitute Name:</th>
<th>Site Location:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subbing Assignment:</td>
<td>Administrator Name:</td>
</tr>
<tr>
<td>Date of Incident:</td>
<td>Admin Phone Number:</td>
</tr>
</tbody>
</table>

Submitting Incident Report for documentation only? ☐ YES ☐ NO

Name(s) and position(s) of individual(s) involved: (include witness statements for each individual)
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

Describe the incident: _______________________________________________________________________________
_____________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

Submitting Incident Report to exclude substitute from your campus? ☐ YES ☐ NO

Describe reason for exclusion if requesting: __________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

I affirm that the information provided in this report is true and correct.

______________________________   ______________________________
Name:                          Date:

** Submit the required documents below to: hrbox@dysart.org

☐ Completed Incident Form
☐ Witness Statements (if requesting exclusion)

FOR HR USE ONLY

☐ Submitted to ESI: ____________________
☐ Inactivated in Frontline/AESOP: ________________
☐ Excluded from Requesting Campus:
☐ Terminated from District

Notes:________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

PLEASE SCAN COMPLETED DOCUMENTS TO: hrbox@dysart.org