

SUBSTITUTE INCIDENT REPORT

Today's Date:
Substitute's Name:

Certificated SAEOP Paraprofessional

School/Dept/Org:
Grade/Subject:

CONCERN / INCIDENT:

Date Incident Occurred:
Person(s) who reported the Incident:

Role of the person(s) who reported the incident: Staff Student
 Parent Volunteer
 Other: _____

Describe the Incident below:

ACTION TAKEN:

Resolved at building level.
Conference/meeting held with Administrator or manager and employee to discuss concern. Advance notice given to the substitute of optional union representation.
Administrator or manager has conducted investigation, requests employee no longer substitute at the school or department (Incident counts and employee blocked from subbing at location).
Based on incident administrator or manager requests only that employee no longer substitute at the school or department (Incident will not count, but employee blocked from subbing at location).
Referred to Human Resources for follow-up.

Signature/title of Administrator reporting concern
(Required)

Date

Signature of Substitute

Date

HR USE ONLY:

Notify employee of complaint; provide copy of incident report; action being taken
Referred to HR for investigation per Article III of the CBA
Other: _____