

Date of Intake	_____	Date of Incident	_____
Member Name	_____	(C) Phone	_____
Work Site	_____	(W) Phone	_____
Position	_____	Work Email	_____
Notes Taken By	_____	Personal E-mail	_____

Years in District: _____ **Tenure: Yes/NO** _____

Emergency Cases: Inform the member to not speak with the police, DSS investigator, or BCPS investigator without TABCO/ESPBC/MSEA representation. Advise members to send a copy of their statement to UniServ Director prior to providing it to BCPS. If they have already done so, ask for a copy to provide to the UniServ Director.

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|--------------------------|--|--------------------------|-------------------------------|
| <input type="checkbox"/> | <i>Observation/Evaluation</i> | <input type="checkbox"/> | <i>DSS</i> |
| <input type="checkbox"/> | <i>Plan of Assistance</i> | <input type="checkbox"/> | <i>Police Investigation</i> |
| <input type="checkbox"/> | <i>Meeting with Administrator/Supervisor</i> | <input type="checkbox"/> | <i>BCPS Investigation</i> |
| <input type="checkbox"/> | <i>Office of Certification</i> | <input type="checkbox"/> | <i>Workman's Compensation</i> |
| <input type="checkbox"/> | <i>Office of Payroll</i> | <input type="checkbox"/> | <i>Assault</i> |

Situation Summary

Witnesses

Remedy Sought

Supporting Documentation

Other Notes

