

**SAFE SCHOOLS INITIATIVE  
INCIDENT REPORTING/COMPLAINT FORM  
Public School District**

1. Name of Reporter/Complainant: \_\_\_\_\_

2. Check whether you are the:

Target (of the behavior):

Reporter (not the target of the behavior):

3. Check whether you are a:      Student      Staff member      Other (specify) \_\_\_\_\_  
   Parent      Administrator

3A. Provide Your Contact Information/Tel. No: \_\_\_\_\_

4. If student, state your School: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom: \_\_\_\_\_

5. If staff member, state your School or Work Site: \_\_\_\_\_

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6. Information about the Incident:

Check whether:

Name of Target (of behavior): \_\_\_\_\_ Student    Staff    Other

Name of Subject of Report/Complaint: \_\_\_\_\_ Student    Staff    Other

Date(s) of Incident: \_\_\_\_\_

Time When Incident(s) Occurred: \_\_\_\_\_

Incident Location (be as specific as possible): \_\_\_\_\_

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7. Witnesses: (List people who saw the incident or have relevant information about the incident):

Name: \_\_\_\_\_ Student      Staff Member      Other \_\_\_\_\_

Name: \_\_\_\_\_ Student      Staff Member      Other \_\_\_\_\_

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8. Describe the details of the incident (the names of persons involved, what occurred, and what each person did and said, including specific words used; use additional paper if necessary):

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9. Signature of Reporter/Complainant: \_\_\_\_\_ Date: \_\_\_\_\_

10. Form Provided to: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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