



# INCIDENT/COMPLAINT FORM

Kate M. Ransom, *President & CEO*

Name of Person Reporting Incident: \_\_\_\_\_

Are You a Student? \_\_\_\_\_ Parent? \_\_\_\_\_ Teacher? \_\_\_\_\_ Member? \_\_\_\_\_ Other? \_\_\_\_\_ (check one)

Date of Incident: \_\_\_\_\_ Date of Report/Complaint: \_\_\_\_\_

Time: \_\_\_\_\_ Location: \_\_\_\_\_

Incident/Complaint Reported To: \_\_\_\_\_ (Administrative Staff Member)

Description of Incident: \_\_\_\_\_

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Summary of Details: (Who was involved, what each person did and said, etc.)

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Witnesses to incident:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Action Taken at Time of Incident: (if any)

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Signature \_\_\_\_\_

Date \_\_\_\_\_

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