

**Instructions:** Complete this form, responding only to the questions that you feel comfortable answering and are able to report accurately. Submit this form to the principal or other school employee. This form may be completed by the person reporting the incident or by the school employee to whom the incident is being reported.

|  |                        |
|--|------------------------|
| <b>Person Reporting the Incident:</b>  | <b>Date of Report:</b> |
| <b>Person Reporting the Incident:</b><br><input type="radio"/> Student <input type="radio"/> Parent/Guardian <input type="radio"/> School Employee <input type="radio"/> Chaperone |                        |

**Description of Incident** (Include the names of those involved and as much detail as possible: what, where, when, how, etc.)

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List the name(s) of any witnesses to the incident.

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I certify that all statements made in this report are true and complete.

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|--|-------------|
| <b>Signature of Person Filing Report</b> | <b>Date</b> |
|--|-------------|

Received by :

|             |                 |             |
|-------------|-----------------|-------------|
| <b>Name</b> | <b>Position</b> | <b>Date</b> |
|-------------|-----------------|-------------|