

FAIRHAVEN PUBLIC SCHOOLS
SAFE SCHOOLS INITIATIVE
INCIDENT REPORTING/COMPLAINT FORM

I. Report of the Incident: *(Reports may be made anonymously, but no disciplinary action will be taken against an alleged aggressor solely on the basis of an anonymous report.)*

1. Information about the Incident:

Check:

Please identify the alleged aggressor: _____ Student Staff Other

Grade _____

Please identify the person(s) targeted by the aggressor: _____ Student Staff Other

Grade _____

Date(s) of incident: _____

Time when incident(s) occurred: _____

Incident location (be as specific as possible): _____

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

Name: _____ Student Staff Other

Name: _____ Student Staff Other

3. Describe the incident in detail including the name of person involved, what was said and done, specific words used.

Use additional paper if necessary.

Check:

4. Person Completing Form: _____ Student Staff Other

School: East Fairhaven School Wood School Fairhaven High School
 Elizabeth Hastings Middle School

Signature: _____ Date: _____

5. Form given to: _____ **Position:** _____ **Date:** _____

FOR ADMINISTRATIVE USE ONLY

II. Investigation

1. Investigator: _____ **Date Received** _____
Position: _____

2. Interviews:

Interviewed aggressor Name: _____ Date: _____

Interviewed target Name: _____ Date: _____

Interviewed witnesses Name: _____ Date: _____

Name: _____ Date: _____

