



COMPLAINT & INCIDENT FORM

NAME (OPTIONAL, BUT YOU MAY NOT BE NOTIFIED OF OUTCOME IF ANONYMOUS)	TODAY'S DATE
EMAIL	PHONE

PLEASE CHECK WHETHER YOU ARE FILING A COMPLAINT, REPORTING AN INCIDENT, OR BOTH. THEN COMPLETE THE CORRESPONDING SECTION(S).	
<input type="checkbox"/> COMPLAINT	<input type="checkbox"/> INCIDENT DATE OF INCIDENT:
AGAINST:	PERSON(S) INVOLVED:
THE ABOVE NAMED IS A: <input type="checkbox"/> Student <input type="checkbox"/> Staff person	APPROXIMATE TIME OF INCIDENT:
<input type="checkbox"/> Faculty member <input type="checkbox"/> School/Policy	LOCATION OF INCIDENT:
<input type="checkbox"/> Other:	

WITNESSES (IF APPLICABLE)	
Name:	Email:
Name:	Email:
Name:	Email:

IN THE SPACE BELOW, PLEASE STATE (1) THE NATURE OF YOUR COMPLAINT, OR A DESCRIPTION OF THE INCIDENT AND (2) THE OUTCOME OR RESOLUTION YOU WOULD LIKE TO SEE. YOU MAY USE THE BACK SIDE OF THIS PAGE OR ATTACH ADDITIONAL PAGES IF NEEDED.