



Non-UCP Complaint/Incident Report

*Report needs to be complete in order to be valid! Please answer ALL questions

Your Name: _____ DATE: _____

What is your connection to the school?

PARENT STAFF VOLUNTEER VENDOR OTHER _____

Where did Incident Take Place? _____ Estimated Time of Incident: _____ AM/PM

Who are you giving this report to: (staff member's Name) Time of Report Date of Report

Your PHONE NUMBER: _____ Email _____

What behavior was inappropriate or unprofessional? Using many details, Tell me What Happened (Who, What, Where, and When did this happen):

Multiple horizontal lines for writing the incident details.

You may continue on the back of this sheet

List All Those Involved or Possible Witnesses: (Who can I ask to gather more Information)

Horizontal line for listing involved parties or witnesses.

STAFF USE ONLY

This form was handed/emailed to the following administrator _____

Outcome of Incident: _____
Multiple horizontal lines for describing the outcome.

SIGNATURE OF administrator WHO followed up on THE REPORT: _____