

INCIDENT INVESTIGATION COMPLAINANT STATEMENT

LOCATION: _____ COMPLAINT NUMBER: _____

COMPLAINANT'S NAME: _____

STATUS: STAFF _____ STUDENT _____

IF STAFF, DATE OF HIRE: _____

IF STUDENT, ENROLLMENT DATE: _____

DATE OF INCIDENT: _____

TIME OF INCIDENT: _____

RESPONDENT: _____

WITNESS(ES) NAMED: _____

DETAILED DESCRIPTION OF THE INCIDENT (Who, What, Where and When):

PLEASE INDICATE THE TYPE OF RESOLUTION YOU ARE SEEKING:

Signature of Complainant

Date

Signature of Staff Receiving Complaint

Date