

INCIDENT/GRIEVANCE INVESTIGATION REPORT

Date of Report _____

Date of Incident _____

Time of Incident _____

Location of Incident _____

Description of Incident

NAME, ADDRESS AND PHONE NUMBER OF PERSON(S) INVOLVED

PARENT'S NAME, ADDRESS AND PHONE NUMBER (IF MINOR INVOLVED)

Additional Investigative Comments (optional)

Signature: _____

Phone Number: _____

Date Signed: _____