

Universal Complaint Form

NAME OF PERSON(S) INVOLVED:								<u> </u>
DATE & TIME OF INCIDENT:								
DOES THIS INCIDENT INVOLVE:	Students?	Y N	Staff?	Y	N	Other(s)?	Y	N
Other(s) involved:								_
Behaviors (check the most intrusive)								
MINOR	MAJOR				Truan			Vandalism
 ■ Inappropriate lang. ■ Physical contact ■ Defiance/disrespect/ non-compliance ■ Disruption ■ Dress Code ■ Technology violation ■ Property misuse ■ Tardy ■ Other 	■ Abusive la ■ Fighting/ p ■ Defiance/d insubordinati ■ Harassmer ■ Disruption ■ Inappropria Affection ■ Technology ■ Tardy	nysical a isrespect on/non-c nt/ tease/ ate Displa	ggression t/ ompliant taunt ay of		Forge Dress violati Lying Tobac Alcoh	ery/ theft s code on /cheating cco ol/drugs oustibles		Property damage Bomb threat Arson Other
and a brief narrative of what occurred):								



FINAL
DISPOSITION (how you handled the incident, any next steps required, or likely outcomes):
PRINT NAME OF PERSON SUBMITTING REPORT:
SIGNATURE OF PERSON SUBMITTING REPORT:
PRINCIPAL'S SIGNATURE: