

GUILFORD COUNTY SCHOOLS INCIDENT REPORT FORM GAMAA

Name of Complainant: _____

School: _____

Home Address: _____

Home Phone: _____

Date and Place of Incident(s): _____

Name of Alleged Harasser: _____

Position of Alleged Harasser: _____

Work Location: _____

Name of Witnesses: _____

Describe the incidents(s) as clearly as possible, including such things as: what force, if any was used; any verbal statements (i.e. threats, requests, demands, etc.); what if any, physical contact was involved; what did you do to avoid the situation, etc. Attach additional pages if necessary.

Evidence of Harassment (i.e. letters, photos): _____

Any other information: _____

I agree that all the information on this form is accurate and true to the best of my knowledge.

Signature: _____ Date: _____

Received by: _____ Date: _____

GUILFORD COUNTY SCHOOLS WITNESS DISCLOSURE FORM

Name of Witness: _____

Position of Witness: _____

Date of Testimony/

Interview: _____

Description of

Incident(s) Witnessed: _____

Any Other Information: _____

I agree that all the information on this form is accurate and true to the best of my knowledge.

Signature: _____ Date: _____