

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: \_\_\_\_\_