

SAFE SCHOOLS INITIATIVE~FORM A
INCIDENT REPORTING/COMPLAINT FORM
Wachusett Regional School District

1. Name of Reporter: _____

2. Name of : Target (of the behavior) Reporter (not the target of the behavior)

3. Check whether you are a: Student Parent Other (specify)_____

Teacher Administrator

3A. Please provide your contact information/telephone number: _____

4. If student, state your school:_____Grade_____Homeroom_____

5. If staff, state your school or work site:_____

6. Information about the Incident:

Name of Target (of behavior):_____ Check whether: Student Staff Other

Name(s) of Subject of Report/Complaint:_____ Student Staff Other

Date of Incident:_____ Time of Incident:_____

Incident Location (please be as specific as possible):_____

7. Witnesses (list people who saw the incident or who have relevant information about the incident):

Name: _____ Student Staff Other

Name: _____ Student Staff Other

8. Type of Bias:

Race Sexual Orientation Religion Gender Disability National Origin

Other:_____

9. Type of Incident:

Personal

Body Language/Gestures Physical Assault-No Weapon Physical Assault-With Weapon

Verbal Threats/Slurs Harassment Extortion/Theft Other:_____

Property

Graffiti Property Damage Arson Cross Burning Other:_____

10. Narrative Description of the Incident:

10. Narrative Description of the Incident (continued):

11. Signature of Reporter/Complainant: _____ Date: _____

12. Form Presented to: _____ Position: _____ Date: _____

13. Signature: _____ Date: _____

SAFE SCHOOLS INITIATIVE~FORM B
ADMINISTRATIVE ACTION
INCIDENT REPORTING/COMPLAINT FORM
Wachusett Regional School District

1. Summary of Complaint:

2. Investigative Steps Taken:

Contacted Equity Coordinator

3. Action Taken:

4. Other Agency Reports Filed? Yes No

If Yes, Agency/Report: _____

Title/Number/Name: _____

4. Additional Steps to Prevent Further Incidents

5. Additional Comments

6. Signature: _____ Date: _____

7. Position: _____ Date: _____

STUDENT SAFETY PLAN, *continued*
Wachusett Regional School District

Student name: _____ Grade: _____

4. Lunch

5. Route changes (include places to avoid/watch for)

6. Services to be provided

7. Additional Information