

Names of students involved:

Staff Member's Unpleasant Incident Report

Day/Date: _					
Reported by	(Please circle)	Name:			
Student	Bystander	Staff member	Parent	Someone else	
Reported to:					
What Happer	ned (Include t	ime, place, events	and names)		
Reporter's S	tatement:				
Names of Bystanders / Possible Witnesses: (If any)					
				 	
School Follo	w-up:				
Parents notif		students Involved: Complainant:	Yes ☐ Yes ☐	No □ No □	
Signed:			_ Da	ate:	
Principal/ Assistant Principal					