

Incident/Complaint Form

The purpose of the Incident/Complaint Form is to document any behaviors or incidents of concern on campus.

Name of Person Completing Form:

Date of Incident:

| | Please select charter: |
|---|-------------------------|
| | ☐ River Springs |
| | ☐ Empire Springs |
| | ☐ Inland Empire Springs |
| | ☐ Harbor Springs |
| _ | ☐ Citrus Springs |
| Ī | ☐ Vista Springs |
| | ☐ Pacific Springs |
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Please write a description of what occurred. Be as specific (name(s), date(s), etc.) as possible. When finished, please sign and date this report and return it to a school administrator.

Date Form Completed:

If more space is needed, please attach additional page(s).

| What is the best phone number for the Principal to reach you (if needed): | | | |
|---|--------------|----------------|--|
| Signature: | | Date: | |
| Office Use Only | Received By: | Date Received: | |