

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: _____