

Peoria Unified School District #11 Incident Report

_____	_____
Name	Date
_____	_____
School/Department	Phone

	Date of Incident
Complaint (Name of person(s), school/department, program, or activity.)	

Summary (Give a summary of your complaint in your own words. Describe the incident, the persons involved, any background information that may be helpful. Be specific about relevant dates, times and places. If additional space is needed, please attach another sheet.)	

Witness(es) (If there are persons who may be able to provide more information regarding this incident, please list name(s) and homeroom).	

Resolution: (Indicate what attempts you have made to solve the problem. Be specific.)	

I certify that this information is correct to the best of my knowledge.

Signature of Complainant

When completed return this form to the Principal at the school.

Received by: _____

Date: _____

Received by: _____

Date: _____

Received by: _____
Date: _____