

Complaint/Incident Report

Name and role of person completing this form:

Signature of person completing this form:

Phone number of person completing this form:

Date:

Incident

Date and time of incident:

School Name:

Name/s of person/s involved in the incident:

Description of incident:

Witnesses (include contact details):

Reporting of the Incident to S'cool Spirit Inc.

Date this report was mailed:

Follow Up Action

Description of actions to be taken:

Please mail this form to: Active Learning in the Arts, P.O. Box 18835 San Jose CA 95158
If you have questions, please contact Keith Pennings at 408 614-6196

