



All investigation requests should be submitted on this form to the Director of Professional Standards & Equity

REPORTING INCIDENT

Date of Request: _____

Location: _____

Site Administrator: _____

County Department: _____

Location Phone: _____

Location Fax: _____

INCIDENT INFORMATION

Date of Incident: _____

Time of Incident: _____

Incident Occurred: On Campus Off Campus

Type of Incident: _____

Name of Complainant: _____
Last Name

_____ First Name

Complainant: Student Parent Area Supv. Other
Employee Principal Supervisor

ALLEGATION

Name of Accused: _____
Last Name

_____ First Name

Position of Accused: _____

Contract Status: _____

Explain the incident that occurred. A short statement in your own words is sufficient, however, you may attach more information and documents if necessary.

Outside Agency Contacted*: Yes No

Name of Agency: _____
(List all Contacted)

Agency Contact Person: _____

Agency Phone Number: _____

*Reports to DCF's Child Abuse Hotline are confidential and do not have to be acknowledged here.

Signature of Complainant:

Date
