

AVRC Incident/Witness Reporting Form

Reporting Type:

- Incident
- Witness

Reporter's Name: _____ Date: _____

Phone Number: _____ Email: _____

Reporter Position: _____ PLT: _____

- Student
- Employee
- Other: _____

Person(s) Involved: _____

Witnesses (if any, please list): _____

Where did the incident take place?

- Classroom: Room# _____
- Restroom
- Cafeteria
- Gym
- Playground
- Field
- Courtyard
- Office
- Other: _____

Please describe what occurred as detailed as possible (if you need more space you may use the backside of this page) _____

What I have stated is true and correct to the best of my knowledge.

Signature of person filing report: _____

-----OFFICE USE ONLY-----