



CONFIDENTIAL

**Cotati-Rohnert Park Unified
School District**

INCIDENT / COMPLAINT REPORT FORM

To: Principal or Immediate Supervisor _____ Date _____

COMPLAINT LODGED BY: Student Employee Other

Name

School Site / Work Location

Street Address

Telephone (School/Work)

City Zip Code

Telephone (Home)

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1. Type of Incident / Complaint: *(attach additional paper if necessary)*

 2. Date / Time / Place of Incident(s) / Complaint:

 3. Name(s) of Person(s) Involved:

 4. Name(s) of Witness(es):

 5. Describe prior attempt to resolve complaint with the person, if any: *(attach additional paper if necessary)*

 6. Desired resolution to incident / complaint: *(attach additional paper if necessary)*

Complainant's Signature

Date

Copy of Board Policy and Regulations provided on our website at crpusd.org under Policies and Procedures >
Uniform Complaint procedure