**Providence Public Schools**

**INCIDENT COMPLAINT REPORTING FORM (ICRF)**

**Bullying, Harassment and Dating/Sexual Violence**

*School Name Case#:Date:*Click here to enter a date.

*(First 3 initials of school / school year / # of incident)*

*Please complete items 1-11 below. Be sure to provide as much detailed information as possible.* Email completed form to [Andre.thibeault@ppsd.org](mailto:Andre.thibeault@ppsd.org) or [Elena.gianfrancesco@ppsd.org](mailto:Elena.gianfrancesco@ppsd.org). Then print a copy to sign & keep with your packet. **Use tab button to advance to next block.**

1. Name of **Reporter/Complainant**: 
2. Address: Phone/Email
3. Check whether you are the: Target (of behavior) Reporter (not the target of the behavior)
4. Check whether you are a:Student Staff member Administrator Parent Other (specify) 
5. If student, state your School: Grade:  Homeroom:
6. If staff member, Work Site/Position: 
7. Information about the incident:

a. Name of target(s) (of behavior): student staff other

b. Name of alleged aggressor(s): student staff other

c. Dates of incidents: Click here to enter a date. Click here to enter a date. Click here to enter a date.

1. Witnesses (list people who saw the incident OR have relevant information about the incident):

Name:  StudentStaff Other (specify) 

Name:  StudentStaff Other (specify) 

1. Click next to the statement(s) that you believe best describe what happened (choose all that apply)

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| --- | --- | --- |
|  | Means of Bullying/Harassment | Harassment Motivations |
| Bullying | Cyber Bullying/harassment | Race  Gender |
| Harassment | Verbal | Color  Ancestry |
|  | Threatening Behavior | Sexual Orientation/Gender Identity |
| Sexual Violence | Physical | Ethnicity/National Origin |
| Dating Violence | Sexual Harassment | Disability |
| Retaliation of any of the above behaviors | Extortion/Theft | Religion |

1. Describe incident details (people involved, what was said/done, specific words used):

Click here to enter text.

1. Actions taken by staff members at time of incident/report

Click here to enter text.

|  |
| --- |
| **CASE #**  Signature of Reporter/Complainant: Date:  Signature of Scribe/Interpreter:  Date:  ------------------------------------------------------------------------For Office Use---------------------------------------------------------------  Received by: Time:  Date:  Submitted to Administration: Time:  Date:  Submitted to SEC  Date:  Submitted to DEO  Date: |