

**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 or Elena.gianfrancesco@ppsd.org. Then print a copy to sign & keep with your packet.

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.

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

- Name: Student Staff Other (specify)
- Name: Student Staff Other (specify)

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

	Means of Bullying/Harassment	Harassment Motivations
<input type="checkbox"/> Bullying	<input type="checkbox"/> Cyber Bullying/harassment	<input type="checkbox"/> Race <input type="checkbox"/> Gender
<input type="checkbox"/> Harassment	<input type="checkbox"/> Verbal	<input type="checkbox"/> Color <input type="checkbox"/> Ancestry
	<input type="checkbox"/> Threatening Behavior	<input type="checkbox"/> Sexual Orientation/Gender Identity
<input type="checkbox"/> Sexual Violence	<input type="checkbox"/> Physical	<input type="checkbox"/> Ethnicity/National Origin
<input type="checkbox"/> Dating Violence	<input type="checkbox"/> Sexual Harassment	<input type="checkbox"/> Disability
<input type="checkbox"/> Retaliation of any of the above behaviors	<input type="checkbox"/> Extortion/Theft	<input type="checkbox"/> Religion

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

Click here to enter text.

11. 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: