**Incident Complaint Reporting Form (ICRF)**

**Providence Public Schools**

**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)

<table>
<thead>
<tr>
<th>Means of Bullying/Harassment</th>
<th>Harassment Motivations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bullying</td>
<td>Cyber Bullying/harassment</td>
</tr>
<tr>
<td>Harassment</td>
<td>Verbal</td>
</tr>
<tr>
<td>Threatening Behavior</td>
<td>Sexual Orientation/Gender Identity</td>
</tr>
<tr>
<td>Sexual Violence</td>
<td>Physical</td>
</tr>
<tr>
<td>Dating Violence</td>
<td>Disability</td>
</tr>
<tr>
<td>Retaliation of any of the above behaviors</td>
<td>Extortion/Theft</td>
</tr>
<tr>
<td></td>
<td>Religion</td>
</tr>
</tbody>
</table>

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.

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**CASE #**

Signature of Reporter/Complainant: ___________________________ Date: ____________

Signature of Scribe/Interpreter: ___________________________ Date: ____________

Received by: ___________________________ Time: ____________ Date: ____________

Submitted to Administration: ___________________________ Time: ____________ Date: ____________

Submitted to SEC: ___________________________ Date: ____________

Submitted to DEO: ___________________________ Date: ____________