



CIVILITY IN THE WORKPLACE POLICY INCIDENT REPORT

Name: _____ Phone: _____

☐ Student ☐ Employee ☐ Parent ☐ Community Member ☐ Other

Name of individual being reported:

Name(s): _____

☐ Student ☐ Employee ☐ Parent ☐ Community Member ☐ Other

When and where did the incident happen?

Date: _____ Time of Day: _____ For about how long: _____ minutes _____ hours

Specific Location: _____

What happened? Write a brief summary of the incident:

Who else might know something about this incident or what happened?

Name(s) _____

Has this incident or something like it ever happened before: ☐ Yes ☐ No

If yes, when did it happen before:

Date: _____ Location: _____

Have you spoken directly with the individual being reported? ☐ Yes ☐ No

Have you spoken with your supervisor or with the individual's supervisor: ☐ Yes ☐ No

If the individual is a student, have you talked to his/her: ☐ Teacher? ☐ Yes ☐ No

☐ Parent? ☐ Yes ☐ No

Was the demonstrated behavior disruptive to the work environment? ☐ Yes ☐ No

Did you feel your wellbeing and/or safety was threatened: ☐ Yes ☐ No

Verification/Signature: This information is true and accurate.

Print Name: _____ Signature: _____ Date: _____