# Abuse or Harassment Incident Report

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Date Form Completed: | | | | | | | |
| Name of person reporting the incident: | | | | | | | |
| Home Phone: | | | | Work/Cell Phone: | | | |
| Names & Phone # of other witnesses to the incident: | | | | | | | |
| Victim’s Name: | | | | Victim’s age: | | | |
| Name of Victim’s Parents or Guardians: | | | | | | | |
| Home Phone: | | | | Work/Cell Phone: | | | |
| Street Address: | | | | City: | | | |
|  | | | | | | | |
| When incident was observed | | Date: | Time: | | | Location: | |
| Description of the incident (include words spoken and behavior or actions observed): Continue on reverse side if needed. | | | | | | | |
|  | | | | | | | |
| Physical Evidence: | | | | | | | |
|  | | | | | | | |
| ACUMC Staff notified | Name(s): | | | | Date(s): | | Time: |
|  | | | | | | | |
| Signature of person completing this Incident Report: | | | | | | | |