# 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. |
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| Physical Evidence: |
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| ACUMC Staff notified | Name(s): | Date(s): | Time: |
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| Signature of person completing this Incident Report: |