



Student Complaint School Resource Officer

Last Name, First Name

Grade

Date of Incident

Time of Incident

Location of Incident

Witness(es) to Incident

Description of Incident: Please be as specific as possible

Below this line to be filled out by administrator:

Date Form Received: _____ Date Closed: _____

Contact with Police Agency: _____

Date contacted: _____ Time Contacted: _____

Result of Investigation: _____

Parties Notified of Investigation Results