

**Complainant Disclaimer**

I, \_\_\_\_\_ understand that signing this document indicates I have chosen to make a formal incident report regarding \_\_\_\_\_.

I have been made aware that in doing so (name(s) of person(s) being accused will be served with a copy of my truthful and factual signed statement and will be given an opportunity to respond formally to my complaint.

I am also aware that a committee will assess my complaint, along with other relevant information collected to determine the best resolution for this incident.

Complainant signature	
Date	
HEART Witness signature	
Date	

Incident Report – Violence and/or Harassment		
Today's Date		Incident Report No.
Interviewer Name(s):		Person completing this report is: <input type="checkbox"/> Complainant/Victim <input type="checkbox"/> Witness <input type="checkbox"/> Other Name:
Type of Incident (check all that are applicable to this incident) <input type="checkbox"/> Violence resulting in physical injury <input type="checkbox"/> Violence <input type="checkbox"/> Attempt at Violence <input type="checkbox"/> Threat of Violence <input type="checkbox"/> Harassment <input type="checkbox"/> Sexual Harassment		
Name(s) of Complainant(s) / Victim(s)	Department <b>Block this information if showing Accused</b>	Contact Information <b>Block this information if showing to Accused</b>
Name(s) of Accused	Department	Contact Information
Name(s) of Witness(es)	Department <b>Block this information if showing Accused</b>	Contact Information <b>Block this information if showing to Accused</b>

Date of Incident	Time(s) of Incident(s)	Location of Incident
<p>What activity were you involved in when the incident occurred?</p> <p>Was anyone with you at the time? If so, who?</p>		
<p>Please describe, in chronological order, and with as much FACTUAL detail as possible, the order of events that occurred, as you recall them.</p>		
<p>What happened immediately following the incident?</p>		
<p>How would you describe the Accused at the time of the incident?</p>		
<p>Do you know the Accused? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, in what capacity?</p>		

<p>Have you ever witnessed or experienced the Accused being involved in an act of violence or harassment before? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Was an Incident Report filed at the time? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>If yes, would you like to file another incident report now based on that previous incident?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>Was law enforcement involved during or after this incident? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide names of officer(s), if known:</p>  
<p>Other comments you would like to make</p>          

Print Name	
Signature	
HEART Member (print name)	
Signature	