## Tahoe Truckee Unified School District

Initial Report of Incident/Complaint

Date Filed:	School Department:
Person Filing Report: Name:	Person(s) Report Filed Against:
Phone:	
Address:	
Location of Incident(s):	Date(s)/Time(s) of Incident(s):
Summary of Incident(s):	
Desired Resolution:	
Name(s) of Witness(es):	Signature of Person Filing Report:
Person(s) to Whom Report Given:	Person(s) Assigned to Investigate: