



**UNION PUBLIC SCHOOLS  
SUBSTITUTE TEACHER INCIDENT FORM**

DATE \_\_\_\_\_

SUBSTITUTE'S NAME \_\_\_\_\_

COMPLAINT FILED BY \_\_\_\_\_ SCHOOL \_\_\_\_\_

Date, time and place of incident \_\_\_\_\_

Please give a specific, detailed narrative of your complaint in the space provided below. Please feel free to write on the back of this sheet or attach additional sheets if you need more space. Please sign and date each sheet. \_\_\_\_\_

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I (have\_\_\_\_) (have not\_\_\_\_) talked to the substitute involved.

SUBSTITUTE'S RESPONSE:

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\_\_\_\_\_  
PRINCIPAL'S SIGNATURE

\_\_\_\_\_  
DATE

PRINCIPAL'S COMMENTS:

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\_\_\_\_\_  
HUMAN RESOURCES SIGNATURE

\_\_\_\_\_  
DATE