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NY State
(For School Use Only)

TRANSFORMATION
 Parent contact Discard Water

TRAINER
 Back Front

**CITRUS COUNTY SCHOOLS
EMERGENCY INFORMATION FORM**

SCHOOL: _____ GRADE LEVEL: _____ DATE: _____
 EVENT: _____

ASSIGNMENT: _____
 ADDRESS: _____

Parents: _____

Emergency Contact: _____

Medical: _____
 Allergies: _____

Other: _____

Parental Signature: _____ Date: _____

NY Criminal Lawyer (212) 300-5196 100 Church Street, 8th Fl
 Spodek Law Group P.C. www.spodeklawgroup.com New York, NY 10007

DOMESTIC INCIDENT REPORT

Agency: _____ Date: _____

Offense: _____

Victim: _____

Offender: _____

Witness: _____

Investigation: _____

Resolution: _____

Follow-up: _____

Signature: _____ Date: _____

GUILFORD COUNTY SCHOOLS INCIDENT REPORT FORM GAMA

Name of Complainant: _____
 School: _____
 Home Address: _____
 Home Phone: _____
 Date and Place of Incident(s): _____

Name of Alleged Harasser: _____
 Position of Alleged Harasser: _____
 Work Location: _____
 Name of Witnesses: _____

Describe the incident(s) as clearly as possible, including such things as: what force, if any was used, any verbal statements (i.e. threats, requests, demands, etc.); what if any, physical contact was involved; what did you do to avoid the situation, etc. Attach additional pages if necessary.

Evidence of Harassment (i.e. letters, photos) _____

Any other information: _____

I agree that all the information on this form is accurate and true to the best of my knowledge.
 Signature: _____ Date: _____
 Received by: _____ Date: _____

GUILFORD COUNTY SCHOOLS WITNESS DISCLOSURE FORM

Name of Witness: _____
 Position of Witness: _____
 Date of Testimony: _____
 Interview: _____
 Description of Incident(s) Witnessed: _____

Any Other Information: _____

I agree that all the information on this form is accurate and true to the best of my knowledge.
 Signature: _____ Date: _____

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