**Incident Report for Complainant**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grade or Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* Who was involved in the incident?
* Where did the incident occur? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* When did it occur? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Please describe the incident.
* Is there relevant background that would help us understand the incident?
* How were you harmed (individual, community, others?)
* What would you consider an appropriate resolution that would help you feel less harmed?
* Would you prefer to be present at the hearing, or simply have a Law Academy attorney to represent you?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* If you prefer to be present, would you like it to be 4th or 6th period? \_\_\_\_\_\_\_\_\_\_\_
* Where/when would you like to meet your advocate attorney?

**PLEASE CHECK**

* I am NOT claiming financial damages in this case. (If this statement is checked, it is not necessary to complete this section.)
* I AM seeking restitution in this case. (Please completer the following section/next page.)

**PROPERTY LOSS AND DAMAGE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ITEM | PURCHASE DATE | PURCHASE PRICE | FAIR MARKET ESTIMATE | DAMAGE |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

TOTAL AMOUNT OF PROPERTY LOSS AND/OR DAMAGE

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL AMOUNT OF RESTITUTION YOU ARE SEEKING

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you were injured and are seeking medical expenses, please fill out the following:

Please describe your injury/injuries:

Did you seek medical treatment? \_\_\_\_\_\_\_\_\_\_

If you have medical insurance and utilized it for treatment, please fill out the information below. If you do not have medical insurance and incurred expense for treatment, please attach the bill.

**MEDICAL INFORMATION**

Please attach copies of any insurance claim you or someone else made as a result of this offense. Do you anticipate any additional medical bills? If so, please list.

­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_