General Santos Doctors' Medical School Foundation, Inc.
Bulaong Subd., Brgy. West, General Santos City, Philippines
Cellphone No. 0938 732 2710 | osa@gsdmsfi.edu.ph

INCIDENT REPORT TEMPLATE

INCIDENT INFORMATION

NAME OF COMPLAINANT/S WITH TITLE/ROLE/YEAR LEVEL AND COURSE: *If anonymous, please write anonymous	
ALLEGED VIOLATION: *Check the appropriate violation	a. Sexual Harassment including catcalling, wolf whistling and other prohibited acts enumerated under RA 11313 or the Bawal Bastos Law b. Bullying c. Smoking/Vaping d. Possession of cigarettes/vape e. Defamation (slander, libel, cyberlibel) f. Drinking of Alcoholic Beverage g. Possession of alcoholic drinks h. Others: _____
DATE, TIME, LOCATION OF INCIDENT:	DATE: TIME: LOCATION:
PERSON/S INVOLVED/RESPONDENTS:	
WITNESSES: *Optional	
Explanation of Circumstances	

The undersigned certifies that the above-mentioned details are true and correct to the best of my knowledge and belief.

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SIGNATURE OVER PRINTED NAME OF COMPLAINANT