



BEHAVIORAL DOCUMENTATION FORM

I. General Information

Date of Incident:

Date of Complaint:
(must be within three days of the incident)

Name of Production:

Supervisor or Stage Manager:

II. Complainant

Name:

UFID:

Position in Production:

E-mail:

Phone:

III. Respondent

Name:

UFID:

Position in Production:

E-mail:

Phone:

IV. Details of Complaint

Describe the specific incident. Make sure to list the times, dates, location, names and titles of the people involved in the incident. Use additional pages if necessary.

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V. Signatures

- *Witness N°1*

Name:

Email: Phone:

Signature: Date:

- *Witness N°2*

Name:

Email: Phone:

Signature: Date:

- *Complainant*

Signature: Date:

- *Respondent*

Signature: Date:

VI. Responses

List any testimonies made by the Respondent(s)