

STUDENTS	Harassment / Bullying Report Form
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Complainant _____ Parent Cell or Home Phone: _____

Date of alleged incident(s) _____

Did the incident involve: Sexual Harassment Racial Harassment
 Harassment due to national origin Harassment because of disability
 Other _____

Name of person you believed harassed you or another person: _____

If the alleged harassment was toward another person, identify that other person: _____

Describe the incident as clearly as possible. Include such things as what force, if any, was used, any verbal statement (i.e., threats, requests, demands, etc.), what, if any, physical contact was involved. Attach additional pages as necessary: _____

When and where did the incident occur? _____

List any witnesses who were present: _____

What results are you seeking from filing this form? : _____

This complaint is based upon my honest belief that _____ has harassed me or another person. I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge.

Date

Complainant's Signature

Date

(Received by Whom)

**** Office Use Only ****

What was done concerning the situation? _____

Were both the parents contacted (Bullier / Harasser / Victim)? Yes No Date Contacted: _____

