Great Oaks Career Campuses
Report of Harassment or Bullying

Student's Name:_____ Date of Report:_____

Date of Alleged Harassment:_____

Location of Alleged Harassment:_____

Name of Alleged Harasser:_____

Description of the Incident(s):_____

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Names of Witness(es), if any: _____

_____

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_____
Signature of Person Making the Report

_____
Signature of Person Taking the Report

(over)

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Date of Investigative Action Taken: _____

Investigative Action Taken: _____

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Resolution: _____

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