

Harassment Reporting Form

School _____ Date _____

Name _____

(If you feel uncomfortable leaving your name, you may submit an anonymous report, but please understand that an anonymous report will be much more difficult to investigate. We assure you that we'll use our best efforts to keep your report confidential.)

• Who was responsible for the harassment or incident(s)? _____

• Describe the incident(s). _____

• Date(s), time(s), and place(s) the incident(s) occurred. _____

• Were other individuals involved in the incident(s)? yes no
If so, name the individual(s) and explain their roles. _____

• Did anyone witness the incident(s)? yes no
If so, name the witnesses. _____

• Did you take any action in response to the incident? yes no
If yes, what action did you take _____

• Were there any prior incidents? yes no
If so, describe any prior incidents _____

Signature of complainant _____

Signatures _____