



Appendix I to Policy 514 and 526

BULLYING AND HAZING REPORT FORM

Edina Public Schools maintains a firm policy prohibiting all forms of bullying and hazing. All persons are to be treated with respect and dignity. Bullying or hazing by any student, teacher, administrator, or other district personnel will not be tolerated under any circumstances.

Person completing report:

Home address:

Work address: _____

Home phone: _____ Work phone: _____

Date of alleged incident(s): _____

Basis of Alleged Harassment/Violence - circle as appropriate: race \ color \ creed \ religion \ sex \ national origin \ gender \ age \ marital status \ familial status \ status with regard to public assistance \ sexual orientation \ disability

Name of person(s) you believe bullied or hazed toward you or another person.

If the alleged bullying or hazing was toward another person(s), identify that person(s).

Where and when did the incident(s) occur? _____

Describe the incident(s) as clearly as possible, including such things as: what force, if any, was used; any verbal statements (e.g., threats, requests, demands); what, if any, physical contact was involved; or other relevant information. Attach additional pages if necessary.

List any witnesses to the incident(s). _____

My signature below shows that the information I have provided in this document is true, correct, and complete to the best of my knowledge and belief.

Signature: _____ Date

Received by: _____ Date

Please submit to the building principal or designee, or director of human resources, as indicated by the policy(ies).