



Date _____

Homestead Elementary

Complaint of Harassment, Teasing, Bullying, Name calling

Offended Student _____ grade _____

Details of the incident

Name of offender(s) _____ grade _____

What did the offender say/do?

Date and time of incident(s) _____

Location of incident(s) _____

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(Office use only)

Date received _____ Corrective action _____

Staff Member responsible _____

Copy to: counselor, gen ed teacher, sp ed teacher, SSS, MTA, nurse, admin, ESL, specials teacher, SLP, diag, librarian, office staff