Havre Public Schools 3225F

Harassment Reporting Form for Students

School _____ Date _____

Student's 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 of parents/legal guardians _____