

Bullying /Harassment/Intimidation/ Hazing

Reporting Form for Students

School _____ Date _____

Student Name _____

(If you are 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 will, to the best of our ability, keep your report confidential.)

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

2. Describe the incident(s). _____

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

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

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

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

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

Signature of complainant _____

Signatures of parents/legal guardians _____