STUDENTS 3295F

## Hazing, Harassment, Intimidation, Bullying, Cyber Bullying, Menacing

## HARASSMENT COMPLAINT FORM

SchoolName of Complainant:	Date
Student's/Position of Complainant's Name:	
(If you feel uncomfortable leaving your nam	
report, but please understand that an anon	
difficult to investigate. We assure you that we	
report confidential.)	ti use our best efforts to keep your
<u>report conjunction.)</u>	
Who was responsible for the harassment or incident(s	)? <del>Date of Complaint:</del>
<u>Describe the incident(s):</u> Name of Alleged Harasser:	
Date(s), $time(s)$ , and $Pplace(s)$ $theof$ incident(s) $occur$	red:or Incidents:
Were other individuals involved in the incident(s)?	ves no
If so, name the individual(s) and explain their roles:	escription of Misconduct:
<u>Did anyone Names of Wwitnesses the incident(s)?</u>	yes no
If so, name the witnesses:	
Is there any Eevidence of the Hharassment, (i.e. letter.	s photos) ÷ ves no

If so, please describe:
Did you take any action in response to the incident? yes no
If yes, what action did you take Any other information:
Were there any prior incidents? yes no
If so, describe any prior incidents:
I agree that all the information on this form is accurate and true to the best of my knowledge.
Signature of complainant:
Signature of parents/legal guardian:
Date:

## WITNESS DISCLOSURE FORM

Name of Witness:
Position of Witness:
Date of Testimony/ Interview:
Description of Instance Witnessed:
Any Other Information:
I agree that all the information on this form is accurate and true to the best of my knowledge.  Signature:
Date:
Policy History: Adopted on: 10-09-06 Revised on:
Prior Board Policy 1.85