

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

HARASSMENT COMPLAINT FORM

School _____ Date _____

Student's/Complainant'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: _____

Is there any evidence of the harassment, (i.e. letters, photos) yes no

If so, please describe: _____

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: _____

I agree that all the information on this form is accurate and true to the best of my knowledge.

Signature of complainant: _____

Signature of parent/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: 03-10-14

Prior Board Policy 1.85