HARASSMENT or BULLYING or INTIMIDATION INCIDENT REPORT FORM

BASIC INFORMATION

Name of Student or Employee Who Was Harassed, Bullied or Intimidated: _____

Check One---The above named person is: **_____Employee ____Student**

If Employee: Work Location: _____ Phone:_____ Supervisor Name: _____

Mailing Address:_____

If Student: School Name:_____ Grade:_____ Principal Name: _____

Mailing Address:_____

Parent or Guardian Name:_____ Phone:_____

If Student, complete the following information:
Is this form being filled out by the student named above? ☐Yes ☐No
If No, name of person filling out this form on behalf of the student named above:_____
Relationship of person filling out this form for the student named above:_____

INFORMATION ABOUT THE INCIDENT:

Check any that describe the incident: ☐Bullying ☐Harassment or Intimidation ☐Sexual Harassment
Name of individual(s) being reported:
Name(s):_____

When and where did the incident happen?
Date:_____ Time of Day;_____ For about how long: ___minutes ___hours
Specific Location:_____

What happened? Write a brief summary of the incident:

_____

_____

_____

Who else might know something about this incident or what happened?
Name(s):_____

Has this incident or something like it ever happened before? ☐Yes ☐No
If yes, when did it happen before? Date:_____ Location:_____

Verification/Signature: This information is true and accurate.

Print Name:_____ Signature:_____ Date:_____