

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: _____