Bullying/Harassment Incident Report Form

Please fill this report out and submit it to Students Defender as soon as possible.

If you have information regarding bullying, harassment or any violation of an individual Your rights you may report it anonymously.

Please note that while this form can be sent anonymously, the more information received in a report, the more helpful that report is. There is room on this reporting form for a reporter to include his or her name and contact information, and it is helpful to receive reports that include this information.

| VICTIM NAME GENDER GRADE | |
|---------------------------|-------|
| ACCUSED NAME GENDER GRADE | E AGE |

| Where did the incident | occur? | |
|-------------------------|---------|--|
| When did the incident o | ccur? | |
| Date: | _ Time: | |

Today's date:

| Please describe, in as much detail as possible, what happened. | | | |
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| Do you know any of the witness involved? If so provide as much detail as possible about these people. | | | |
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| List evidence of bullying or violation of rights (i.e. letters, photos, etc.—attach evidence if possible) | | |
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| Thank vou, this repor | t will be followed up on as soon as possible. | |
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| If you wish to give you | r name please sign below. (Not required for submitting forn | n) |
| Name (print): | Signature: | |
| Contact Number: | Email: | |
| | | |
| Date Received: | | |
| Received by: | | |
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