Harassment Reporting Form for Students

| School | Date |
|--|-----------|
| Student's Name | |
| | |
| Date(s), time(s), and place(s) the incident(s) | occurred. |
| Were other individuals involved in the incid If so, name the individual(s) and explain the | |
| Did anyone witness the incident(s)? yes If so, name the witnesses | |
| Did you take any action in response to the in If yes, what action did you take | |
| Were there any prior incidents? yes If so, describe any prior incidents | no |
| Signature of complainant | |
| Signatures of parents/legal guardian | |