Buhl School District No. 412

STUDENTS **3290F**

Harassment Reporting Form for Students

School _____ Date _____

Student'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: _____

_____

_____

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: _____

_____

_____

Signature of complainant_____

Signatures of parents/legal guardian_____