

REPORT OF STUDENT-TO-STUDENT DISCRIMINATION, HARASSMENT, INTIMIDATION AND/OR BULLYING

NAME OF STUDENT: _____

DATE: _____

SCHOOL: _____

DOORS NUMBER: _____

Name of the person who you believe is responsible for the harassment, intimidation and/or bullying:

Date(s), time(s) and place the incident occurred: _____

Describe the incident(s) as clearly and with as much detail as possible.

If you believe that the behavior you are reporting is bias-based, check the boxes below that apply.

- | | |
|--|--|
| <input type="checkbox"/> Color | <input type="checkbox"/> Race |
| <input type="checkbox"/> Creed | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Retaliation (for complaint) |
| <input type="checkbox"/> Ethnicity/National Origin | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Citizenship/Immigration Status | <input type="checkbox"/> Gender/Sex |
| <input type="checkbox"/> Gender Identity/Gender Expression | <input type="checkbox"/> Weight |

List any witnesses who were present or who have knowledge about the incident.

Signature of Student

Date

Received by:

Name

Date

Title