7-180-E1 Exhibit - Bullying Incident Report/Interview Form

Please fill out the form below in order to inform us about any situation or problem that you are having or know information about regarding bullying or being harassed. This can apply to you as a victim or to an incident that you have witnessed.

FALSE REPORTING OF AN INCIDENT IS AGAINST STATE LAW AND SCHOOL POLICY

Name of reporting student: ________________________________

☐ CHECK BOX IF ANONYMOUS REPORT

Counselor: ________________________________

Student Support/Case Manager: ________________________________

Name of victim: ________________________________

Name of alleged offender(s):

______________________________

______________________________

Where did most recent incident occur? ________________________________

Date of most recent incident: ________________

Time of most recent incident: ________________

Has this incident been reported to anyone yet? ____________  If yes, please provide name.

______________________________

Were there any witnesses? ____________

If yes, names of witnesses:

______________________________

______________________________

______________________________

______________________________

Description of what happened:

______________________________

______________________________

______________________________

______________________________

Signature of reporter: ________________________________