STUDENT COMPLAINT OF HARASSMENT or BULLYING

		STUDENT INFORMAT	ION
Name:			Date:
School:			Student #:
]	INCIDENT INFORMAT	TION
🗖 Sexu	ual Harassment	🗖 Racial Slur	Harassing Comment / Behavior
Date of incident:		Time of occurrence:	
Location:			
	on of incident:		
Description			
		FOR SCHOOL USE ON	<u>NLY</u>
Person taking report:		Case Carrier:	
		Date investigation completed:	
Findings:	·		
INTERVENTIONS WITH PERPETRATOR:		DATE:	INTERVENTIONS WITH VICTIM:
Disc	ciplinary conference		□ Administrative conference
	erral for counseling		School counseling
🗖 Beh	avior contract		Parent conference
	ss/Schedule change		 Outside counseling referral
Dete	ss/Schedule change ention assigned		
DeteDeteSatu	ss/Schedule change		
DeteSatuSusp	ss/Schedule change ention assigned Irday School assigned		