

ARCOLA STUDENT

Bullying/Harassment Incident Report Form or Witness Statement

Name of student bullied/harassed: _____ Date: _____

School: _____ Grade: _____

Names of accused individuals who bullied/harassed:

Where did the Incident Happen? Check all that apply:

Classroom Restroom Bus Cafeteria Gym To/from school
 Hallway Locker Room School sponsored activity or event not on school property
 Other (describe) _____

Describe in detail exactly what happened (please use the back of this form for more writing space if needed):

Describe any physical evidence that exists related to the incident to include physical marks, email, websites, video/audio tapes, photos or other evidence.

Name/s of Witnesses: _____

Who did you tell at school? _____

I AGREE THAT ALL OF THE INFORMATION ON THIS FORM IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE:

Signature of person reporting bullying/harassment Date

Date

Signature of staff member accepting report Date

Date

Name of person completing this form: _____

Relationship to person who reported being bullied/harassed: Self Parent Witness