

Upon completion of this form, or when providing a verbal report, submit to designated school personnel or administrative office.

Person(s) completing this form (if different than person listed above and not anonymously reporting):

Person reporting is: ☐ student ☐ parent ☐ grandparent ☐ guardian
☐ school staff ☐ coach ☐ advisor ☐ other

home address:

Location(s) of incident(s): _____

Please provide a description of incident(s) and include any supporting documentation:

(use additional pages, if needed)

I agree that the information on this form is accurate and true to the best of my knowledge and belief.

Signature of person reporting (optional)

Date: _____

Received by: _____

Date: _____

Position/title: _____

Copy to school principal on: _____
Date

Copy received: _____ Date: _____
Signature of school principal

Copy to superintendent on: _____
Date

Copy received: _____ Date: _____
Signature of superintendent