

WINFIELD CITY SCHOOLS

Report of Violence, Threat of Violence, Harassment, Intimidation, and/or Bullying

This form is used to report violence, threats of violence, harassment, intimidation and/or bullying that is believed to have occurred during the current school year on school property, at a school-sponsored activity, or on a school bus. Please deliver, mail, or email to the principal's office.

School Name _____ Student Name: _____

Date of Incident(s): _____ Time, if known: _____

Location of Incident: _____

PERSON(S) MAKING THIS REPORT: STUDENT _____ PARENT/GUARDIAN _____

REPORTED VICTIM(S): _____

REPORTED PERPETRATOR(S): _____

DESCRIPTION OF CONDUCT LEADING TO COMPLAINT (Attach additional sheets as needed)

REQUESTED RESOLUTION/RELIEF/ACTION:

I believe the incident in question was motivated by the following characteristic(s):

___ Gender ___ Race ___ Disability ___ National Origin ___ Ethnic Group ___ Religion ___ Sex ___ Other _____

The incident resulted in a threat of suicide by the victim: **YES** **NO**

SIGNATURE OF PERSON MAKING THIS REPORT: _____ **DATE:** _____

SIGNATURE OF SCHOOL OFFICIAL TAKING THIS REPORT: _____ **DATE:** _____

**If this is a sexual harassment complaint, contact the Title IX coordinator.*