

REPORTING OF BULLYING OR HARASSMENT FORM

12. Please **SIGN** and **DATE** this form (for reports submitted by multiple people, please attach an additional signature page or add a signature in the space provided for additional details).

Your signature is your assurance that the information provided in this complaint form is provided in good faith and that it is accurate to the best of your knowledge.

Signature

Date

Use the space below (or additional sheets) to provide any additional detail that you wish to provide:

Please Submit this Report DIRECTLY to the Building Principal, to a Guidance Counselor, or to a Teacher

Lines below are for School District OFFICE USE ONLY

1. Identify the **name and title** of the person who received this form on behalf of the School District, and identify the **date of receipt**:

Name	Title	Date of Receipt by the District
------	-------	---------------------------------

2. Identify the method of receipt:

- | | |
|--|--|
| <input type="checkbox"/> Hand delivery | <input type="checkbox"/> Inter-office mail |
| <input type="checkbox"/> U.S. mail | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Email | |

3. By number, identify the items on this form (if any) which were blank or clearly incomplete at the time the form was initially filed with the District:

4. Identify the **supervisor(s) or administrator(s)** who have been notified of the District's receipt of this report as of the date of receipt:

5. Identify the **supervisor or administrator** who is assigned primary responsibility for ensuring this report is processed appropriately:

6. Other information the District wishes to document related to the receipt of this complaint:

Adoption Date: 04/17/2023