REPORTING OF BULLYING OR HARASSMENT FORM

411.1-Exhibit

Exhibit 1

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	/ 4	Report of Bullying							
	_	y person with knowledge or concerns related to the possible bullying	-						
1.	Print	the name of the person who is submitting this report:	2.	. Today's Date:					
3.	For n	on-student reporters: I can be contacted by phone/email at:	<u></u>						
4.	The	person submitting the report is a:	5.	The person submitting the report is (check all that apply):					
		Student in grade		☐ A victim/target of bullying or harassment					
		Parent/Guardian of		☐ Someone who saw what happened to someone else					
		School District Employee		☐ Someone who has heard what happened to someone els					
		Other:		☐ Other:					
6.	WHO is being bullied or harassed? (Please provide names(s) and grade(s) of each student you can identify as a possible victim/target.)								
7.	WHO	is bullying or harassing the people listed above? (Check all that ap	oplv ar	and identify individuals to the extent possible.)					
		Other student(s):		·					
		School employee(s):							
		Someone else:							
8.		cribe WHAT happened (or what is currently happening), WHERE it o	, oo u	and (e.g., which solidol), and writer to cooling.					
	List additional incidents, or provide additional detail, on the back of this form (or by using attached sheets of paper) if needed.								
9.	Is the	e problem over now, or is it likely to continue?	11	11. To your knowledge and in relation to this complaint, is anyone					
		It seems like it is over for now, but I'm still concerned.		health or safety in imminent danger such that you believe immediate action is needed to alleviate that danger?					
		It is continuing, or seems very likely to continue.		□ No.					
10	based prote ances	s this complaint allege a violation of law or District policy that is d upon, or that has occurred because of, any individual's legally-teted status or classification (e.g., race, color, national origin, stry, sex, sexual orientation, religion, creed, pregnancy, marital or notal status, or disability)? No. It does not seem connected to any status or category. Yes. List <u>each</u> protected status/category that you feel is relevant to the allegations made in this complaint:		☐ Yes. Please identify WHO may be in danger and WHY: Has anyone contacted law enforcement? No. Yes. Who?					
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space provided for additional details).

Adoption Date: 04/17/2023

of your knowledge.

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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

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

	Signature	Date							
	Use the space	below (or additional sheets) to provide any	y additional detail that you wish	to provide:					
	Please Submit this Report <u>DIRECTLY</u> to the								
1/3	Building Principal, to a Guidance Counselor, or to a Teacher								
N.		Lines below are for School Distric	t OFFICE USE ONLY						
	Identify the name and title of the person who received this form on behalf of the School District, and identify the date of receipt:								
1.	Identify the name	and title of the person who received this form on behalf of the	ne School District, and identify the date of rece	eipt:					
1.									
1.	Identify the name Name	and title of the person who received this form on behalf of the	ne School District, and identify the date of rece Date of Receipt by the						
2.	Name	Title	Date of Receipt by to 3. By number, identify the items on this f	he District					
	Name	Title	Date of Receipt by the	he District					
	Name Identify the method Hand deliver U.S. mail Email	Title d of receipt: y	Date of Receipt by to 3. By number, identify the items on this f were blank or clearly incomplete at the	he District					
	Name Identify the method Hand deliver U.S. mail Email	Title d of receipt: y □ Inter-office mail	Date of Receipt by to 3. By number, identify the items on this f were blank or clearly incomplete at the	he District orm (if any) which e time the form was					
2.	Name Identify the method Hand deliver U.S. mail Email	Title d of receipt: y	3. By number, identify the items on this f were blank or clearly incomplete at the initially filed with the District: 5. Identify the supervisor or administra	he District orm (if any) which e time the form was					
2.	Name Identify the method Hand deliver U.S. mail Email Identify the superv District's receipt of	Title d of receipt: y	3. By number, identify the items on this f were blank or clearly incomplete at the initially filed with the District: 5. Identify the supervisor or administrate assigned primary responsibility for ensprocessed appropriately:	he District orm (if any) which e time the form was					
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