



ESSEX NORTH SHORE
AGRICULTURAL & TECHNICAL SCHOOL

**REPORTING AN INCIDENT THAT MAY BE CONSIDERED
BULLYING, HARASSMENT or DISCRIMINATION**

REPORTER INFORMATION

Last Name

First Name

ANONYMOUS

Reports may be made anonymously, but no disciplinary action will be taken against an alleged aggressor solely on the basis of an anonymous report.

I am the:

- Target of the behavior
- Witness (and not the target)
- Other: _____

My role is:

- Student
- Staff Member
- Administrator
- Parent / Caretaker/Family Member
- Other: _____

My Best Contact Information is:

(_____) _____ - _____

Phone Number

Email Address

Alleged Aggressor(s):

An aggressor is a person who acts or behaves in a manner that may violate the Student Handbook, Employee Handbook, School or District policies or procedures, and/or local, state or federal mandates, regulations or law.

Last Name	First Name	Student	Staff	Other

Witness(es)/Bystander(s):

List people who saw the incident(s) and/or people you believe may have helpful information about what is reported to have happened.

Last Name	First Name	Student	Staff	Other

SIGNATURE OF PERSON FILING THIS REPORT

You are certifying under the penalty of perjury that the information provided herein is true and complete to the best of your knowledge. NOTE: Reports may be made anonymously, but no disciplinary action will be taken against an alleged aggressor solely on the basis of an anonymous report.

Print Name

Signature

Date



FOR OFFICE USE ONLY

RECEIVED BY (Initials): _____ **DATE:** _____

NOTIFICATION OF RECEIPT OF REPORT (as applicable):

Parent/Guardian of Target(s): ENSATS STAFF (Initials): _____ DATE: _____

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Parent/Guardian of Aggressor(s): ENSATS STAFF (Initials): _____ DATE: _____

Parent/Guardian of Aggressor(s): ENSATS STAFF (Initials): _____ DATE: _____

Parent/Guardian of Aggressor(s): ENSATS STAFF (Initials): _____ DATE: _____

Other _____: ENSATS STAFF (Initials): _____ DATE: _____