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
INFORMATION ABOUT THE ALLEGED INCIDENT/BEHAVIOR

Date(s) of the Incident(s) or Behaviors:

Month / Day / Year through Month / Day / Year or PRESENT

If specific date information is not known, please describe time frame (e.g. before around Halloween - Thanksgiving Break, etc.):

__________________________
__________________________
__________________________

Time(s) of the Incident(s)/ Behaviors:

If specific time(s) is not known, please describe time frame (e.g. before school, after school, lunch, etc.):

__________________________

Location(s) of the Incident(s) or Behaviors:

__________________________
__________________________
__________________________

Target(s):
Who was the person or people that may have been impacted, harmed or injured?

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<th>Staff</th>
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**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.

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**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.

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3
Describe the Incident(s)/Behavior
Describe the details of the incident(s), behavior(s) and/or action(s) in detail:
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: _________
Parent/Guardian of Target(s):   ENSATS STAFF (Initials):_________ DATE: _________

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: _________