Whitehall School District

Harassment Reporting Form for Students

Schoo	ol Date
Stude	nt=s name
<	Who was responsible for the harassment or incident(s)?
<	Describe the incident(s).
<	Date(s), time(s), and place(s) the incident(s) occurred.
< If so, 1	Were other individuals involved in the incident(s)? ☐ yes ☐ no name the individual(s) and explain their roles.
	Did anyone witness the incident(s)? ☐ yes ☐ no name the witnesses.
< If yes.	Did you take any action in response to the incident? ☐ yes ☐ no , what action did you take?
< If so, (Were there any prior incidents? □ yes □ no describe any prior incidents.
Signa	ture of complainant
Signa	tures of parents/legal guardians