BULLYING AND HARASSMENT INCIDENT COMPLAINT REPORTING FORM

Hampden Charter School of Science School District - Hampden Charter School of Science School

1.	1. Name of Reporter:	
2.	2. Check whether you are the: Target (of behavior) Reporter (not the target of the behavior)	navior)
3.	3. Check whether you are a: Student Staff member Other (specify)	
	3A. Provide your Contact Information/Telephone#:	
4.	4. If student, state your School:	Grade:Section:
5.	5. If staff member, state your School or Work Site:	
6.	6. Information about the incident:	
	Name of target (of behavior):	student staff other
	Name of Alleged Person:	student staff other
	Date(s) of incident(s):	
	Time(s) when incident(s) occurred:	
	Incident location(s) (be as specific as possible):	
7.	Witnesses (list people who saw the incident OR have relevant information about the incident):	
	Name: stu	udent staff other (specify)
	Name: stu	dent staff other (specify)
8.	8. Describe the details of the incident (names of persons involved, what a words used; use additional paper if necessary):	occurred, and what each person did and said, including specific
). addit	D. Have you taken any action on this matter? Yes No_additional paper if necessary) Output Description:	(If "yes" please describe action taken and when; use
10.	10. Signature of Reporter:	Date:
11.	11. Form provided to: Position	on: Date:
	Signature:	Date:

In accordance with M.G.L. c. 76, s. 5, Hampden Charter School of Science shall not discriminate nor tolerates harassment based on race, color, national origin, creed, sex, ethnicity, gender identity, sexual orientation, mental or physical disability, age, ancestry, athletic performance, special need, proficiency in the English language or a foreign language, or prior academic achievement. HCSS has a zero tolerance for harassment based on these areas.